



CBCAP ANNUAL REPORT 2015-2016

Montana Children's Trust Fund
January 31, 2017

Montana Children's Trust Fund
CBCAP Annual Report FY 2015-2016

**COMMUNITY-BASED GRANTS FOR THE PREVENTION OF CHILD ABUSE AND
NEGLECT OR COMMUNITY-BASED CHILD ABUSE PREVENTION GRANT
REPORT**

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1. LEADERSHIP ROLE IN STATE PREVENTION ACTIVITIES

The Montana Children's Trust Fund (MT CTF) is a leader and voice for primary and secondary prevention of child maltreatment by supporting a variety of family support programs statewide. Additionally the MT CTF focuses leadership efforts on collective impact, collaborations and building awareness around prevention activities and messages to ultimately create systemic change to meet our mission. The mission statement of the MT CTF is to change outcomes in all children ages zero to 18 to ensure the protective factors are in place. We believe that Montana's children are the state's greatest assets. Today's children are the leaders of tomorrow. We hold their future in our hands and our future is in their hands.

As Montana's lead agency, the MT CTF, acting as a quasi-public entity, has a seven-member volunteer board appointed by the Governor for three-year terms. The Governor ensures that the Board represents the State's broad vast geographic diversity throughout Montana.

Montana Children's Trust Fund Board of Directors

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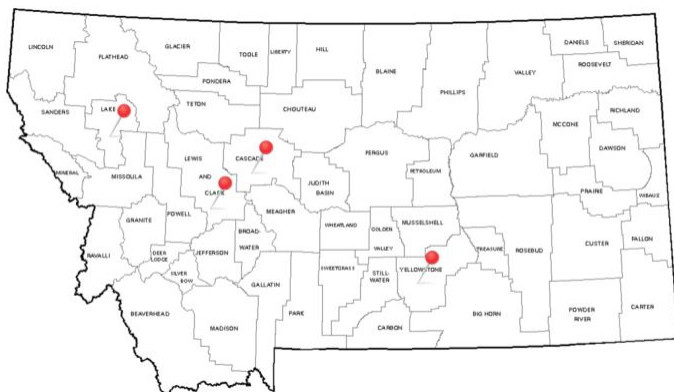
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In 2015-2016, the MT CTF continued their dedication to building and strengthening new and existing collaborations and networks of partners to better leverage the resources in Montana. The MT CTF Strategic Plan is a fluid document to guide us in our work to prevent, reduce and ultimately end child abuse and neglect in Montana. Our Strategic Plan was updated in 2014-2015 for the 2015-2016 FY cycle. The CTF Board plans to review and update the plan again in February 2017.

Our purpose

The Children's Trust Fund exists to change outcomes in all children ages zero to 18 to ensure the protective factors are in place.

Our Vision

Our Montana children, ages birth to 18 years:

- ~ *Are born into and raised in safe, stable, nurturing environments; and*
- ~ *Have parents/caregivers who have confidence in their parenting skills, and who know where to go for help.*

Our Montana communities:

- ~ *Provide the training for parenting skills that people need and want;*
- ~ *Have resource directories in place so families can access and apply for services in streamlined ways;*
- ~ *Acknowledge the best practice parenting approaches and specifically know about and value the protective factors;*
- ~ *Consider raising children a priority community and collective responsibility; and*
- ~ *Learn from each other about the most effective approaches for parenting.*

In meeting the goals of our strategic plan, the MT CTF continued to strengthen the prevention network for child abuse and neglect in Montana. The MT CTF Annual Grantee's Meeting provided a range of trainings for increasing protective factors, decreasing risk factors, strengthening families, parent leadership development, strategic partnerships, database management, organizational capacity building, evaluations and nonprofit management. Some of these were offered by the MT CTF through our strategic partners. Additionally, the MT CTF offered more tailored technical assistance on an as-needed basis in areas of resource development, parent leadership, outreach and communication, public awareness, board development and sustainability.

THE MT CTF PLAYS A CENTRAL ROLE IN THE LEADERSHIP ACTIVITIES ACROSS THE STATE AND AT LOCAL LEVELS TO SUPPORT FAMILIES BY:

The MT CTF's efforts to create systemic change have become a driving force behind our work and funding. To create systemic change someone had to step forward to carry the flag and lead the charge in these efforts. We along with our many partners and coalitions have made great strides but have still just scratched the surface as true change takes time and sometimes generations. As we continue to lay the ground work a few important factors have risen to the top.

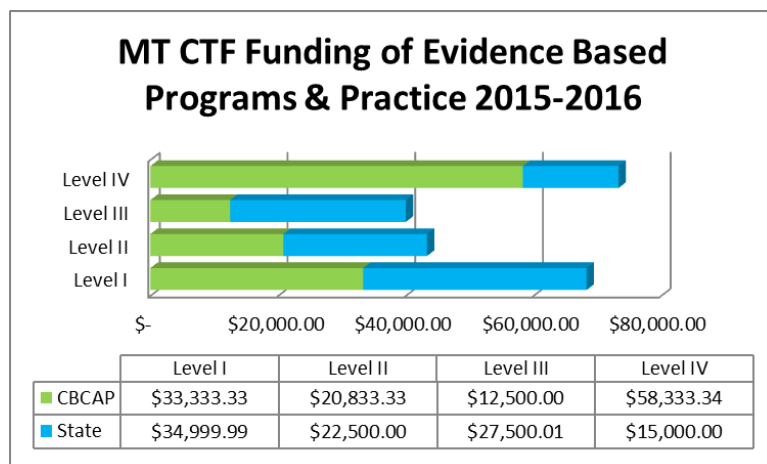
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The CTF feels that as a State we must all become more data-informed in our efforts which will help us be more effective in making an impact with our limited resources as a State. As we provide grants and trainings; build partnerships; raise awareness and work towards collective impact and strengthening collaborations the CTF has become known as a “catalyst for change” for the various agencies, funders, and coalitions. The ripple effect from our work is growing and we are all excited for the future. As we move forward we have found the following to be effective:

- Using data to strategically create and fund networks of community-based, primary and secondary, prevention-focused family resource and support programs.
- Raising awareness and building collaborations.
- Providing training, technical assistance and evaluation.
- Impacting child abuse and neglect public policy.

LEADERSHIP: STRATEGIC FUNDING

Over the last 32 years funding from the CBCAP Federal Grant, State Special Revenue (leveraged funds) and State General Fund (leveraged funds) accounts have helped the MT CTF build a statewide prevention network throughout Montana. The network is balanced across the state and, given the size of Montana and its rural nature, the MT CTF funds geographically diverse programs that are sensitive to the needs of the communities they serve, providing programs that seek to meet those needs and filling in where there are gaps in services to parents and families. Programs in rural and frontier areas have been innovative in finding ways to serve families in their communities. To ensure that we and our grantees are providing the best programs and service for their communities each grantee is required to review and report on community needs based on a variety of assessments done in our state. Many utilize the community needs assessments conducted over the last four years by the Early Childhood Services Bureau and the Best Beginnings Advisory Council, as well as KidsCount data, Census data, etc. More details can be found in SECTION 4: PREVENTION SERVICE ARRAY, NEEDS ASSESSMENT AND CRITERIA FOR FUNDED PROGRAMS which begins on page 28.



Our target populations are all families and caregivers of children ages 0-18, especially those at risk for child maltreatment and neglect. Additionally, many of our programs are very intentional to serve underserved populations such as individuals with disabilities, teen parents, and tribal populations. The programs also serve families who may be or have been the subject of reports and investigations of child abuse and neglect but do not have an open or substantiated case and may be working on a voluntary treatment plan.

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The programs funded in 2015-2016 used evidence-based and evidence-informed practices. The majority of the funded programs are at Levels I and IV but also provide services at Levels II and III. (Please see CBCAP STATE LEAD AGENCY EVIDENCE-BASED PROGRAMS AND PRACTICES FISCAL YEAR 2015-2016 on **page 84.**) Below are some of the curricula utilized, including but not limited to:

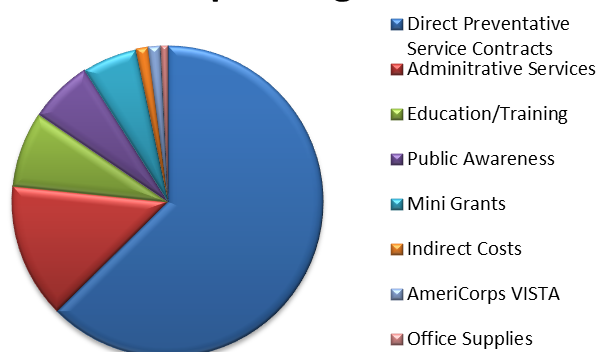
- Family Spirit Home Visiting Program
- Circle of Parents Program
- Nurturing Parents Program
- Parents as Teachers
- Triple P – Positive Parenting Program
- Circle of Security
- Love and Logic
- Respite Care

The MT CTF helped finance the start-up, maintenance, expansion, and/or redesign of specific family resource/support programs and community-based child abuse and neglect prevention program services (such as respite care services, child abuse and neglect prevention activities, disability services, mental health services, substance abuse treatment services, domestic violence services, housing services, transportation, adult education, home-visiting and other similar services) identified by the Inventory and Description of Current Services section required under Section 204 (a)(3) as an unmet need. The programs and services are integrated with the network of community-based family resource and support child abuse prevention programs.

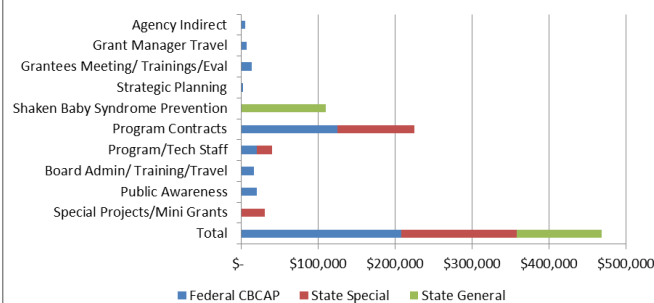
The MT CTF helped fund specific public information activities that focused on the healthy and positive development of parents and children and the promotion of child abuse and neglect prevention activities, including shaken baby syndrome prevention.

The MT CTF funding comes from CBCAP Federal Funds, State Special Revenue Funds (leveraged funds) and State General Revenue Funds (leveraged funds). These funds were used to support primary prevention programs and strategies which are available to all families, as well secondary prevention efforts which target children and families at risk for abuse or neglect. The goal is to promote the efficient use of funding by increasing the number of appropriate evidence-

MT CTF Spending FY 2016

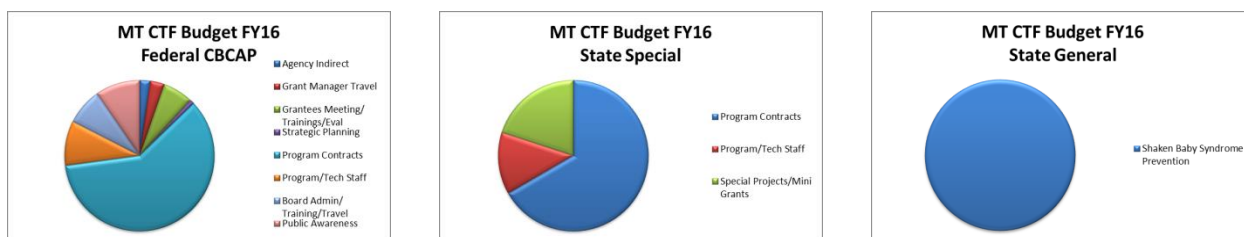


**MT CTF Budget FY 16
CBCAP & Leveraged Funds**



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based and evidence-informed programs and practices successfully implemented and sustained with **fidelity**.



The MT CTF Board makes decisions regarding program selection and funding, design, evaluation and other matters requiring a decision. Contracts for child abuse and neglect prevention are negotiated between the MT CTF Board and community-based providers.

The MT CTF is administratively attached to the Department of Public Health and Human Services (DPHHS), Director's Office for administrative purposes. Each spring, the State of Montana, Department of Administration and the MT CTF Board issues a Request for Proposals (RFP) statewide and/or a Request for Renewal Proposals (RFR). A copy of the 2013-2014 RFP (used to initially fund 2015-2016 local community-based program grantees), the 2015-2016 RFP (used to initially fund 2015-2016 Best Beginnings Community Coalition grantees), the 2016-2017 Request For Renewal (RFR), and the 2016-2017 RFP (used to determine funding for 2016-2017 local community-based program grantees) are **attached**.

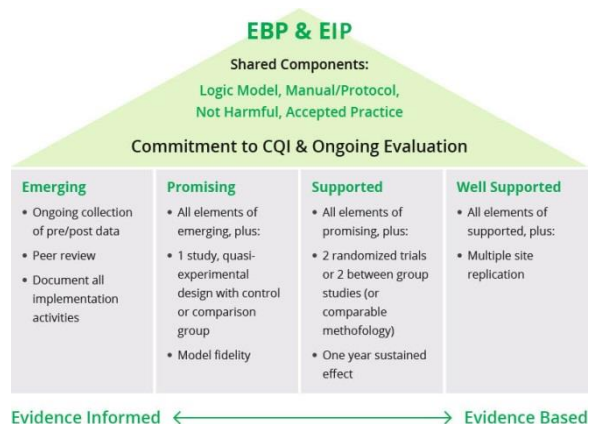
The MT CTF appropriates funds for developing, operating, expanding, and enhancing community-based, prevention-focused programs and activities designed to strengthen and support families with the goal of preventing child abuse and neglect (through networks where appropriate). The programs funded are accessible, effective, and culturally appropriate and build upon existing strengths of families and communities to help foster the development of a continuum of preventive services for children and families, including unaccompanied homeless youth, who:

- Offer assistance to families.
- Provide early, comprehensive support for parents.
- Promote the development of parenting skills, especially in young parents and parents with very young children.
- Increase family stability.
- Improve family access to other formal and informal resources and opportunities for assistance available within communities, including access to such resources and opportunities for unaccompanied homeless youth.
- Support the additional needs of families with children with disabilities through respite care and other services.
- Demonstrate a commitment to involving parents in the planning and program implementation of the lead agency and entities carrying local programs funded under this Title, including meaningful involvement of parents of children with disabilities, parents with disabilities, racial and ethnic minorities, and members of underrepresented and underserved groups.
- Provide referrals to early health and developmental services.

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- Foster the development of a continuum of preventive services for children and families including unaccompanied homeless youth, through State and community-based collaborations and partnerships both public and private.
- Finance the start-up, maintenance, expansion, or redesign of specific family resource and support program community-based child abuse and neglect prevention program services (such as respite care services, child abuse and neglect prevention activities, disability services, mental health services, substance abuse treatment services, domestic violence services, housing services, transportation, adult education, home-visiting and other similar services) identified by the inventory and description of current services required under Section 204 (a)(3) as an unmet need, and integrated with the network of community-based family resource and support child abuse prevention programs to the extent practicable given funding levels and community priorities.
- Maximize funding through leveraging of funds for financing, planning, community mobilization, collaboration, assessment, information and referral, start up, training and technical assistance, information management and reporting, reporting and evaluation costs for establishing, operating or expanding community-based and prevention-focused programs and activities designed to strengthen and support families to prevent child abuse and neglect.
- Finance public information activities that focus on the healthy and positive development of parents and children and promotion of child abuse and neglect prevention activities.

The MT CTF built upon its efforts to be a leader through strategic funding in the 2015-2016 fiscal year. In addition to the above efforts the MT CTF focused part of its funding on systemic change by further strengthening coalitions and collaborations across the state. Specifically, we funded five Best Beginnings Community Coalitions (BBCCs) at the \$25,000 level. The **2015-2016 RFP** (year one of a three year grant cycle), used to determine funding, is **attached**. The intent was to offer up to 3 years of funding for the 5 grantees below and to expand the funding opportunities to others in upcoming cycle. There are currently 20 active BBCCs across Montana.



The MT CTF funded BBCCs were: (Additional information on the funded programs can be found on **page 17** in EVIDENCED-BASED AND EVIDENCE-INFORMED PROGRAMS.)

- Best Beginnings Early Childhood Community Coalition protected by the Northern Cheyenne Tribe (Boys & Girls Club of the Northern Cheyenne Nation - fiscal agent)
- The Gallatin Early Childhood Community Coalition (Great Gallatin United Way - fiscal agent)
- The Butte Community Council (BCC), Butte 4-C's
- Healthy Start Missoula, Best Beginnings Community Coalition (Missoula County - fiscal agent)
- Roosevelt County and Fort Peck Tribes Best Beginnings Community Council (Fort Peck Tribes Health Promotion Disease Prevention Program – fiscal agent)

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Beyond the funding through RFPs and Renewals, the MT CTF also offered mini-grants to organizations and programs that met our funding criteria during the 2015-2016 cycle. The full Montana Children's Trust Fund Mini-Grant Application is **attached**. Examples of mini-grants from 2015-2016 can be found on pages 77-78. All MT CTF mini-grant proposals must focus on prevention of child abuse and neglect and should not exceed \$5,000.

The MT CTF's priorities are fulfilled by increasing the number of parents and caregivers who are educated in healthy, positive, and protective child-raising skills. By preventing child abuse and neglect, youth today are given stronger resources, support, and education that will help them become self-sustaining adults.

MT CTF Mini-grant Funding priorities to prevent child abuse and neglect:

- Community Awareness pertaining to the prevention of Child Abuse and Neglect
- Increasing protective factors and decreasing risk factors for child abuse and neglect

MT CTF Mini-grant Guidelines:

1. Mini grants will be awarded up to and no more than \$5,000.
2. Mini grants will only be given to recognized non-profit organizations.
3. Priority will be given to those most in need and/or family oriented.
4. Mini grants usually will be awarded only for one time projects that do not require continual funding from the Montana Children's Trust Fund.
5. Other factors influencing Mini grant funding will be:
 - a. Purpose and need;
 - b. Target population, number and age group of people to be served;
 - c. Procedure and accountability to be followed;
 - d. Whether the Grantee has received Montana Children's Trust Fund grant funds previously (within the last three years);
 - e. Whether the Montana Children's Trust Fund is the only contributor to the proposed project;
 - f. How the balance of necessary funding is being raised; and
 - g. How the organization will report outcomes back to the Montana Children's Trust Fund on the project.

LEADERSHIP: BUILDING AWARENESS

The MT CTF took a lead role in promoting prevention of child abuse and neglect in 2015-2016. We continued to require all of our grantees to have a plan for public awareness to show how their program intends to carry out activities at the community level to promote prevention services and education. They are also required to coordinate and/or participate in observance of April as Child Abuse Prevention Month/Strengthening Families Month. The MT CTF and all of our grantees provide public information activities that focus on the healthy, positive development of parents

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and children along with the promotion of child abuse and neglect prevention activities. Additionally the MT CTF staff coordinated organizations and efforts across Montana; through a series of calls and visiting to coordinate April/Awareness activities; to pool resources, build cohesive messages, and strengthen relationships amongst various partners. Please see SECTION 9: CHILD ABUSE PREVENTION MONTH AND PUBLIC AWARENESS ACTIVITIES of this report starting on **page 102** for a complete overview of the MT CTF awareness activities year round. This section includes:

- PINWHEELS FOR PREVENTION AND COLLABORATIONS
- FAMILY RESOURCE FAIR
- GO BLUE DAY AND BLUE SUNDAY
- STATEWIDE CHILD ABUSE AND NEGLECT (CAN) CONFERENCE
- COMMUNITY PROGRAMS
- NOT EVEN FOR A MINUTE CAMPAIGN
- ANNUAL INCOME TAX CHECK-OFF PSA CAMPAIGN
- HALLOWEEN FUN FESTIVAL
- SOCIAL MEDIA

LEADERSHIP: COLLABORATIONS

In 2015-2016, the MT CTF continued to build our collaborations and partnerships with traditional and non-traditional partners. The amount and diversity of our collaborations and the impacts have grown tremendously, specifically with community partners such as faith-based organizations, civic organizations, media outlets, coalitions, and businesses. Throughout this report more of the finer details of our collaborations will come to light, including our work to be more intentionally inclusive of tribal partners and veterans/active military partners in our collaborations and outreach.

For this cycle our efforts focused on enhancing the ripple effect “our” collective efforts have to impact prevention across Montana. Many partners, new and old, from a variety of service areas participated in calls, meeting, events and email chains to discuss current and future potential to work together and leverage our resources and raise awareness. Our work in leading this charge to break down silos between natural partners and reduce redundancies in our collective work seem to have inspired other to more openly share information and reach out to strengthen the individual relationships but also the collective for collaborative efforts. While progress can be slow we feel that great strides have been made and

While our primary focus for collaborations and partnerships is centered on community activities and raising awareness as a collective we do also look for opportunities to educate communities and their officials regarding public policies that prioritize strengthening families and communities to ensure child abuse and neglect never occur. This represents our efforts to ensure the healthy development of children statewide, while seeking to highlight the fact that we all play a role in raising children whether we are neighbors, teachers, police officers, librarians, mentors, coaches, or family members.

The MT CTF continued to advocate for children and recommend prevention be the number one public health concern. Abuse and neglect often have lifelong consequences for a child, including a greater chance of delinquency, criminal involvement, drug addiction, chronic health problems, mental health

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issues and an overall drop-off in productivity of the individual as a functioning member of our communities.

In doing so, we recognize the importance of our collaborations to leverage the limited resources of our state while pushing prevention to the forefront of conversations statewide. Please see SECTION 3. COLLABORATION AND PARTNERSHIPS starting on **page 20** for more details on collaborations.

LEADERSHIP: **PROVIDING TRAINING, TECHNICAL ASSISTANCE AND EVALUATION**

The Montana Children's Trust Fund worked to shape the direction of prevention in Montana through providing support, training, technical assistance and evaluation. In addition to the **ongoing** capacity building, technical assistance and support provided to the funded programs by the CTF staff, we require quarterly reporting and evaluation to show how programs are faring throughout the grant cycle. This gives the CTF staff and board the opportunity to review the grantees work, ensure they are meeting their projected service outcomes, and provide them with any further technical assistance and capacity building as appropriate. Site visits were performed at least once. Additional site visits were conducted as needed by CTF staff and board members. This provided a further opportunity for evaluation and a hands-on assessment of programs and gave us an opportunity to talk through any issues, challenges, successes, and opportunities for sustainability, increased positive outcomes, etc.

Trainings followed the parameters of:

- evaluation and data management
- capacity building and sustainability
- promoting protective factors and reducing risk factors
- prevention programs and family support
- fiscal leveraging, braiding and blending funding streams
- marketing, messaging and public awareness
- cultural competence, disproportionality
- collaboration and partnerships for prevention
- research on prevention and child maltreatment
- evidence-based and evidence-informed programs and practices
- bonding and attachment; resiliency; infant mental health; parent leadership; early child development; positive youth development; community and state resources; August reporting; centralized intake procedures; and peer review process

Some of the Training Opportunities offered to our grantees and partners in 2015-2016 include:

- [MT CTF Annual Grantees Meeting](#)
- [Tribal Nations *Period of PURPLE* Crying Conference](#)
- [Child Abuse and Neglect Conference](#)
- [Montana Nonprofit Association Conference](#)
- [Elevate Montana Fall Summit "Resilience"](#)
- [Great Beginnings, Great Families Conference](#)

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- [Promising Pregnancy Care Training](#)
- [Cultivating Resilience in our Community](#)
- Paper Tigers Screenings
- National Foster Parent Association & National Kinship Alliance for Children Convention
- Trainings through FRIEND NRC for MT CTF board and staff such as the regional peer learning event held in Yakima, WA in May 2016.

For more information on our activities please see SECTION 7. TRAINING, TECHNICAL ASSISTANCE AND EVALUATION ASSISTANCE starting on **page 67**.

LEADERSHIP: PUBLIC POLICY

The MT CTF is known as a resource for child abuse and neglect prevention information. Our resources have been utilized by legislators and advocates to assist in defending against policies that would be harmful to families and for child abuse and neglect prevention. Additionally, we have provided resources that have been used to create positive public policies. The MT CTF coordinates with DPHHS to provide data for the creation of white papers and other data-informed work that will help educate the public on important prevention and child abuse and neglect work.

Our work in public policy has prompted the board to allocate resources to better collect, analyze and report data to help leaders more effectively make policy decisions and write legislation. Our goal is for our state to make data-informed decisions that positively impact children and families and to foster the development of a continuum of prevention services.

Additionally, the MT CTF works with agencies, workgroups, advisory boards and others to create meaningful policies and procedures that we can use as a state to be more effective on our work separately and as a whole. We participate in strategic planning for a variety of groups, while many of our board members have dual roles as leaders, activists and directors for agencies, coalitions and other entities, such as: Best Beginnings, MIECHV, Office of Public Instruction, Montana Interagency Coordination Council (ICC) for State Prevention, and others.

In the **2015-2016** cycle, the MT CTF finalized details of a contract with the University of Montana to assist us in creating a plan to move forward with a statewide Child Abuse and Neglect Needs Assessment. In working with our partners, the University Of Montana Department Of Social Work, and Child and Family Service's Epidemiologists; we determined that we needed to evaluate the lay of the land before creating a needs assessment plan. The goal of the evaluation is to gain an understanding of the available data regarding risk factors and risk populations for abuse and neglect across Montana and to identify/map the current child abuse and neglect prevention initiatives currently in place across the State—with a particular focus on primary and secondary prevention efforts. In addition, the current evaluation project will provide a proposal for future data analysis regarding risk factors and risk populations for child abuse and neglect statewide. Summaries of norms research and policy frameworks will be provided for consideration in future phases of the evaluation project. A description of the framework guiding the evaluation with a description of the particular activities, deliverables and

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timeline associated with each goal of the framework can be found in SECTION 7: TRAINING, TECHNICAL ASSISTANCE AND EVALUATION ASSISTANCE starting on **page 70**.

Finally, the MT CTF's annual participation in Pinwheels for Prevention and other Awareness Month activities also represents efforts to change the way people think about prevention, focusing on community activities and public policies that prioritize prevention right from the start to make sure child abuse and neglect never occur. We hold our annual event at the Montana State Capital, where 1500+ pinwheels are displayed for a full week.

2. ACTIONS TO ADVOCATE FOR SYSTEMIC CHANGE

As the lead agency in Montana for preventing child abuse and neglect, the MT CTF continually works to create systemic change. Systemic change, by its definition, is a change of an entire system, not just a piece or two. The “system” of child abuse prevention is very broad and wide. To make systemic change, we must change the way policy makers view child abuse prevention, reach out to schools, and engage all community members in prevention efforts. To make systematic change, the silos must be broken down and collaboration must happen. The MT CTF is making great strides at breaking down the silos and starting collaborations. The MT CTF board and staff will continue, with increased efforts, to create systemic changes in State policies, practices, procedures, and regulations to improve the delivery of community-based and prevention-focused programs and activities designed to strengthen and support families to prevent child abuse and neglect.



The MT CTF focuses on community activities, public policies, research, data, and awareness that prioritize strengthening families and communities to ensure child abuse and neglect never occur. This represents our efforts to ensure the healthy development of children statewide, while seeking to highlight the fact that we all play a role in raising children whether we are caregivers, neighbors, teachers, police officers, librarians, mentors, coaches, or family members.

The MT CTF will continue to be a leader and a voice for keeping children safe and families strong and strive to make prevention a priority at all levels from the State House to Main Street to dinner tables.

As we move forward with these efforts we continual communicate with and provide information and data to other state programs to incorporate into their work and reports.

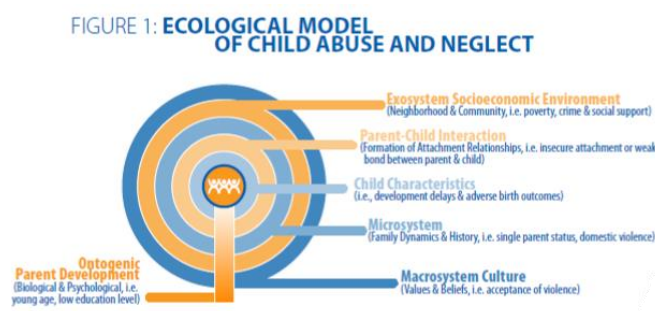
BECOMING A DATA-INFORMED STATE:

In our work with grantees and partners, we always work to bring the importance of being data-informed to the conversation as a guiding principal. Because of the work load required to collect, process, and analyze data, there has been some resistance. However, as more people utilize data and see others doing so, they have begun to grasp how valuable data is in leading Montana towards positive systemic change.

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In 2013, the MT CTF began taking a more proactive leadership role in helping shape a statewide child abuse and neglect prevention strategy. Through a contract with the University of Montana and in collaboration with state and community agencies and entities, we produced a report to give a snapshot and recommendations for current data collection in Montana. The Child Abuse and Neglect (CAN) Data System's Evaluation (Final Report attached) was completed in June 2014 and paid for with our State Special Funds. This information was shared with our many partners and colleagues within organizations, agencies, and systems across the state so as a whole we could begin thinking differently about moving forward with data.

The overarching goal of the evaluation project was to identify the agencies and organizations collecting data on children and families across the state of Montana. Further, the project sought to understand the form and structure of these statewide data systems and to identify the current data linkages among agencies in regards to data sharing and data pooling.



Based upon these findings, the evaluation team had four major recommendations. First, it is recommended that the MT CTF advocate for the collection of primary data on children and families statewide. This advocacy can include reaching out to individual agencies statewide through the creation of policy and legislation to support statewide data collection. Second, the MT CTF can facilitate the creation of a statewide data steering committee to oversee and collaborate in data collection efforts. Third, this steering committee can work to identify current statewide data collection gaps and create a strategy for the collection of individual, family, and community level protective factor data. Finally, it is recommended that the MT CTF continue to develop collaborative relationships with each of the Tribal reservations across the state to partner in the process of data collection to support efforts to prevent adverse childhood experiences for Native children and families.

In the **2015-2016** cycle, the MT CTF finalized details of a follow-up contract with the University of Montana as a step toward following the above recommendations. This new contract will conclude at the end of June 2017. It will assist us in creating a plan to move forward with a Statewide Child Abuse and Neglect Needs Assessment. A description of the framework guiding the evaluation with a description of the particular activities, deliverables and timeline associated with each goal of the framework can be found in **SECTION 7: TRAINING, TECHNICAL ASSISTANCE AND EVALUATION ASSISTANCE** starting on **page 70**.

During the planning process for the Statewide CAN Needs Assessment, the MT CTF collaborated with Child and Family Services Epidemiology Director and the University of Montana. Other collaborators will include the MT Department of Justice, Montana Hospitals, and other relative state agencies and organizations that collect relevant data.

The anticipated outcomes include but are not limited to:

- Determine gaps and opportunities of the state data collection and evaluation infrastructure

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- Map risk factors with incidences of child abuse and neglect data
- Incorporate national studies with community level data
- Create map of service providers for both prevention and intervention
- Identify and support other work and evaluations that are going on across MT
- Determine what the most prevalent types of abuse and neglect are in MT
- Determine what the risk factors for child abuse and neglect are in MT
- Use data to make recommendations for best practices to most effectively reduce and eliminate child abuse and neglect in MT.

COMMUNITY FOCUS:

The MT CTF focuses on community activities and public policies that prioritize strengthening families and communities to ensure child abuse and neglect never occur. This represents our efforts to ensure the healthy development of children statewide while seeking to highlight the fact that we all play a role in raising children whether we are neighbors, teachers, police officers, librarians, mentors, business leaders, coaches, or family members.

The Montana Children's Trust Fund continues to advocate for children and recommend prevention as the number one public health concern. Abuse and neglect often have lifelong consequences for a child including a greater chance of delinquency, criminal involvement, drug addiction, chronic health problems, mental health issues, and an overall drop-off in productivity of the individual as a functioning member of our communities. This is becoming more obvious as we look into Adverse Childhood Experiences Survey (ACES) findings.

To fulfill this work, the MT CTF has continued to partner with the 20 Best Beginning Community Coalitions (BBCCs) and the Statewide Best Beginnings Advisory Council (BBAC) to help create local systemic change and collective impact across Montana. The MT CTF funded five BBCCs in 2015-2016 through CBCAP funds. The BBCCs have a great ability to make systemic change because there is a broad array of organizations, from businesses to programs to interfaith communities and beyond, who come to the table that are all interested and devoted to the wellbeing of their community's children.

In addition to funding the Best Beginnings Councils, the MT CTF also increased its tribal outreach efforts in 2015-2016. The Tribal Nations in Montana have very different government, governance, laws, and how child abuse is handled. However, in order to create systemic change in our state, the Tribal Nations must be part of the change. This is why we are reached out to each of the eight reservations in Montana to begin to establish relationships with the tribes. These are true Government to Government relationships.

In May 2016, the Montana Children's Trust Fund flew three key tribal stakeholders from three different Montana reservations to Utah to become Certified Facilitators of the Period of PURPLE Crying. These three tribal leaders then led a training for tribal members in Bozeman, MT, June 13-14, 2016. This training was crucial to making systemic change on the reservations in relation to shaken baby syndrome. At this training, social workers, nurses, education directors, etc. were at the table. Since the tribal nations are run independently from most state programs and organizations, it is important that this is a grassroots effort, made by the people, for the people, and of the people. Without tailoring this program to make it culturally appropriate, systemic

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change cannot happen. We are just beginning our government to government relationships with the Tribes as directed by the MT DPHHS Director. In the process, we are making great strides in building strong collaborations with the stakeholders that play a role in supporting their communities and families to create a brighter future for the tribal communities both on and off the reservation and across Montana. This effort was paid for through the Montana State General Funds.

The MT CTF remains dedicated to assisting with the statewide effort to insure that Montana becomes an ACE-informed/Trauma-Informed state. In 2015-2016, the MT CTF provided multiple training opportunities to our board, staff, grantees and partners to become more knowledgeable of ACES and integrate ACES and trauma-informed care into their/our work. It is the intent of the MT CTF to continue to support these efforts as opportunities are offered. These events have gained tremendous support and momentum from Educators, Legislators, Juvenile Justice, Head Start, Early Childhood Coalition, Youth Connections, Non-Profits, Mental Health Professionals, education programs and others all with the goal of elevating the wellbeing and future of Montana's children.

To increase the impact of our trauma-informed efforts; trauma-informed practices, care, and education are infused into many programs within MT DPHHS including but not limited to: STARS to Quality (Quality Rating Improvement System for child care programs), Healthy Montana Families (evidence-based home visiting), Healthy Montana Teen Parent Program (HMTTP), and Project LAUNCH (Linking Action for Unmet Needs in Children's Health). Within these programs there are initiatives that support a one and two-generational approach and strategies to strengthen and build upon the MT DPHHS/MT CTF's broader goals in addressing Montana Code Annotated (MCA) 50-16-103 and MCA 50-16-104. In 2015-2016 the MT CTF began partnering on a new trauma-informed training project in coordination with the Early Childhood Services Bureau, the Public Health and Safety Division's Pregnancy Care Pilot Project and Emergency Medical Services for Pediatrics, and the Office of American Indian Health within MT DPHHS to provide trauma-informed care and education and Prevention of Shaken Baby – Abusive Head Trauma throughout the state including American Indian populations.

The MT DPHHS Early Childhood Services Bureau is strengthening our collective resources for early childhood educators by providing training, education, and system support in trauma-informed care and education intentionally focused on supporting infant and toddler caregivers, home visitors, HMTTP case managers, and parents of children from birth to 3 years old. This will include training on Shaken Baby – Abusive Trauma Prevention as well as trauma-informed care and Adverse Childhood Experiences (ACEs) for child care providers. Collaboration, within and outside of MT DPHHS, to achieve the project goals, will be intentional. The Full Trauma-Informed Care Training MOU is **attached**. This effort is also paid for through Montana State General Funds and there are many diverse funds being leveraged to fully support its implementation.

A key component to making systematic change is community engagement. Without the support of community members, workers, and policy makers, long lasting systematic change cannot occur. The MT CTF has continued to increase our community engagement efforts in 2015-2016. This year, the Montana Children's Trust Fund was able to have a more statewide reach with our

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April efforts as a result of our engagement with business partners who donated over \$10,000 in private funds to increase awareness and outreach. The MT CTF utilized those funds to provide outreach statewide via various media and social media outlets as well as to directly engage schools, businesses and organizations throughout the state. Through the expanding community engagement, the Montana Children's Trust Fund was able to increase a lot of awareness of the importance of child abuse prevention, and the roles that everyone plays in keeping children safe. With widespread community awareness and engagement, there is buy-in from the policy makers and key stakeholder who are instrumental in making systemic change happen. Also see SECTION 9: CHILD ABUSE PREVENTION MONTH AND PUBLIC AWARENESS ACTIVITIES starting on **page 102**.

EVIDENCED-BASED AND EVIDENCE-INFORMED PROGRAMS:

In 2015-2016 the MT CTF maintained the priority of CBCAP funding that supports evidence-based and evidence-informed child abuse prevention programs and practices; however as in the past, programs that utilize best practices and promising practice are also funded in tandem. In addition, we refocused a portion of the CBCAP funds toward systemic change, collective impact and collaborations. This collective work is helping foster a culture of continuous quality improvement by promoting collaborations, resource sharing, referrals, communications, ongoing evaluation and quality assurance activities across the MT CTF and their funded programs and across communities in Montana. (Please see CBCAP STATE LEAD AGENCY EVIDENCE-BASED PROGRAMS AND PRACTICES FISCAL YEAR 2015-2016 on **page 84**).

In an effort to create systemic change, the MT CTF, through the process of strategic planning in 2014-2015, determined that it would redirect some of its funding to support five of the Best Beginnings Community Coalitions (BCCC), also known as early childhood coalitions. This funding began in 2015-2016 and is projected to continue through FY 2017-2018. The Best Beginnings Advisory Council (BBAC) brings together representatives across early childhood systems to develop and implement a statewide plan for childhood services. There are currently 20 local coalitions across Montana that work to increase coordination in towns, counties, regions, and Native American Reservations/communities. The local coalitions undertake community needs assessments; develop plans and priorities; provide professional development; build capacity, infrastructure, and communication; focus on sustainability; and support implementation of prevention programs. Activities are focused on identification, screening, and referrals to ensure that children and families receive the services they need and do not fall through the cracks. In collaboration with MIECHV, the BBAC and the BBCCs have been instrumental in bringing about the effort to make services more seamless for families, reducing duplication, and maximizing efficiency.

We believe that helping fund these efforts will enhance and help intensify the efforts across Montana to create strong systems of services that use public resources efficiently and meet families' needs more effectively. When supports are coordinated as part of an integrated family support system, duplication of services is minimized and appropriately targeted services are maximized, strengthening the life trajectory for children and families.

The MT CTF funded BBCCs were:

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- Best Beginnings Early Childhood Community Coalition protected by the Northern Cheyenne Tribe (Boys & Girls Club of the Northern Cheyenne Nation - fiscal agent): The Coalition was established in 2012 and currently has 22 partnerships/stakeholders bound through signed Memorandum Agreements and a Tribal Resolution. Their general committee meets monthly to discuss goals and objectives for the implementation of services. The Coalition has an active Steering Committee comprised of administrators from Tribal programs, schools, and organizations that meets monthly. The Coalition has four subcommittees: Family Spirit, Circle of Kinship Care, Drug Task Force, Drug Free Communities. The MT CTF is providing funding to support the "Family Spirit" evidence-based home visiting model, approved by the developers at John Hopkins Center for America Indian Health.
- Fort Peck Tribes (the Assiniboine and Sioux Tribes) and Roosevelt County Best Beginnings Community Council: (Due to performance issues this coalition was funded in 2015-2016 only and will not be refunded for 2016-2017.) The Council was established in 2012, working with Fort Peck Tribes Health Promotion/Disease Prevention Program coordinating the community-wide effort for Fort Peck. The MT CTF provided funding to support their continued effort in child abuse and neglect prevention by supporting the evidence-based providing additional training to service providers on recognizing and responding appropriately to signs of child abuse; promoting awareness month activities; creating a map of available services for homeless and at risk teens and coordinating a health fair to connect them to existing resources; and to assist in coordinating and growing the council. Originally, we also funded Fort Peck to provide the Parents As Teachers Home Visiting Program; however they determined that they would not be able to increase their capacity beyond the home visiting that they were already providing through their MIECHV grant.
- The Gallatin Early Childhood Community Coalition (Great Gallatin United Way - fiscal agent): The Gallatin Early Childhood Community Coalition (ECCC) serves as the BBCC for southwestern Montana and currently has 29 partners and participates with other community organizations on the Montana Project LAUNCH Initiative. There are 13 Gallatin ECCC Leadership members and 66 Program Committee members. The MT CTF funding supports a coordinator position to strengthen outreach and collaborative efforts for child abuse and neglect prevention services in the Gallatin Valley, promote public awareness of early childhood issues, collaborate with partners to support a continuum of services for homeless youth, and engage more parental involvement in Gallatin ECCC and Project Launch councils. Specifically, funding will help support programs that provide parenting resources and educations such as the Parents As Teachers Home Visiting Program, Incredible Years Program, and the Pyramid Model.
- The Butte Community Council (BCC), Butte 4-C's: The BCC was formed from an informal school readiness work group and has evolved into a formal early childhood coalition recognized by the State of Montana and represented by 27 organizations and 39 individuals. The BCC has elected officers, a coordinator; has created a Children's Mental Health Committee (represented by 18 organizations and 41 individuals). The MT CTF is providing funding to support the implementation of the Circle of Parents evidence-based program in Butte/Silver Bow Counties, increase public awareness of prevention resources and activities,

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and promoting parent leadership activities. Additionally, BCC members participate in the "Caring for our Homeless Community" group.

- Healthy Start Missoula (HSM), Best Beginnings Community Coalition (Missoula County - fiscal agent): HSM was formed under the Missoula Forum for Children and Youth in the 1990s and became Missoula County's local BBCC in 2011. HSM currently has 13 executive council members and 23 general members. The MT CTF funding will be used to expand respite care at The Parenting Place in Missoula, provide parent leadership workshops, and connect more at-risk families with appropriate supportive services.

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3. COLLABORATIONS AND PARTNERSHIPS

Collaborations and partnerships have had a major impact on the lives of families and children in Montana. Greater collaborations between early childhood systems have impacted policies, laws, and communities across Montana and within State Government. The CBCAP Lead Agency is impacting social media, social norms, policies, procedures, and practices across our State.

The amount of collaborations, partnerships and collective impact has continued to grow across Montana, specifically with community partners such as faith-based, civic organizations, tribal partners and businesses. The MT CTF focuses on community activities and public policies that prioritize strengthening families and communities to ensure child abuse and neglect never occur. This represents our efforts to ensure the healthy development of children statewide while seeking to highlight the fact that we all play a role in raising children no matter how you may make an impact on their lives.

The MT CTF continues to advocate for children and recommend prevention of child abuse and neglect to be the number one public health concern. Abuse and neglect often have lifelong consequences for a child including a greater chance of delinquency, criminal involvement, drug addiction, chronic health problems, mental health issues, and an overall drop-off in productivity of the individual as a functioning member of our communities.

In doing so, we recognize the importance of our collaborations to leverage the limited resources of our state while pushing prevention to the forefront of conversations statewide. Below is a chart that shows many of our collaborative partners. These partnerships range from very basic and consist mostly of information sharing and communications while others may include contracts, MOUs, and/or the leveraging of funds to meet common goals and build collective impact.

Organization	Task Force/Committee	State Agency	NonProfit/Other	Grantee /MOU	Leverage funds/ share resources
Interagency Coordinating Council (ICC)	X	X			
Montana Board of Crime Control	X	X			
Montana Prevention Resource Center	X	X			X
Addictive and Mental Disorders Division (AMDD)	X	X			
Early Childhood Services Bureau	X	X		X	X
Best Beginnings Program	X	X		X	X
MT Healthy Teen Parent program	X	X			

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Lifespan Respite Care		X			X
Montana National Guard	X	X			X
Montana HeadStart Association			X		X
Suicide Prevention Program	X	X			
Child and Family Services Division	X	X			X
Maternal, Infant and Child Health-MIECHV Home Visiting	X	X	X		X
Early Head Start and Head Start Collaboration Office	X	X			
Emergency Medical Services for Children	X	X	X		X
Protect our Children Conference and the Children Justice Center	X	X			
Department of Transportation	X	X			
Montana Injury Prevention Program	X	X			
State Advisory Council/Citizen Review Panel/Children's Justice Act Task Force	X	X			
Commission on Higher Education		X			
Department of Corrections		X			
Department of Labor and Industry		X			
Department of Military Affairs		X			
Department of Public Health and Human Services		X		X	X
Office of Public Instruction		X			X

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Department of Revenue		X			X
Office of Indian Affairs		X			X
Public Health and Safety Division		X		X	X
Family and Community Health Bureau		X			X
No Kid Hungry Montana		X	X		X
Montana Alliance for Drug Endangered Children (MT DEC) Committee	X		X		
Best Beginnings Advisory Council		X	X		X
Best Beginnings/Early Childhood Community Coordinating Councils (20 statewide)			X	X	X
Montana KIDS COUNT Montana Early Childhood Project (ECP)			X		X
Montana State University's Department of Health and Human Development			X	X	X
University of Montana Department of Social Work and Department of Education			X	X	
Montana Nonprofit Association			X	X	X
Healthy Mothers Healthy Babies-MT Chapter			X		
The Montana Coalition Against Domestic and Sexual Abuse			X		

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ChildWise/Intermountain Children's Home			X		X
YMCA			X		
Prevent Child Abuse America-MT Chapter			X		X
HOPA Mountain			X	X	
Helena Exchange Club			X		X
Youth Connections			X	X	
Kiwanis Clubs			X		X
Funders for Montana's Children	X		X		X
Montana Community Foundation			X		X
Tribal Governments, Tribal Health Departments, Tribal Education Departments.			X	X	X
Various faith-based organizations, hospitals, and other nonprofit organizations			X	X	X
Local and statewide businesses and media			X	X	X
Law Enforcement Agencies			X		X
Community-based programs			X	X	X
Local Public Health Departments across the State			X	X	X

The MT CTF has taken a proactive leadership role in shaping a statewide child abuse and neglect prevention strategy. The MT CTF is strategically administratively attached to the Montana Department of Public Health and Human Services, Prevention Resource Center (PRC). The connection we have to DPHHS staff and resources helps us to maintain a visible and impactful role in the work the various state agencies perform and to plan for the past, present, and future. The MT CTF strives to include priorities from the PRC, CFSD, in-home services providers, and Domestic Violence Shelter Programs, grant parameters in our work. More detailed information about some of our partnerships can be found below.

INTERAGENCY COORDINATING COUNCIL- GOVERNOR'S COUNCIL (ICC):

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The Montana Children's Trust Fund Board Chair and the MT CTF State Lead are members and will continue to be members of the ICC. The Interagency Coordinating Council for State Prevention Programs (ICC) has 5 goals and corresponding benchmarks to guide its prevention efforts.

Goal 1 - Reduce child abuse and neglect by promoting child safety and healthy family functioning.

- Safely reduce the number of children in foster care.
- Reduce the maltreatment fatalities of children, aged 17 and under, to zero.

Goal 2 - Reduce youth use of tobacco, alcohol and other drugs by promoting alternate activities and healthy lifestyles.

- By 2020, decrease the number of H.S. students who report using ATOD in the past 30 days by 10%.
- By 2020, decrease the percentage of students who use alcohol, cigarettes, and other drugs before the age of 13 by 10%.

Goal 3 - Reduce youth violence and crime by promoting the safety of all citizens.

- By 2020, reduce Juvenile Crimes against persons by 10%.
- By 2020, reduce physical fighting among 9th – 12th grade students to 28%.

Goal 4 – Increase the percentage of high school students who successfully transition (or graduate) from school to work, postsecondary education, training and/or military.

- By 2020, reduce the percentage of students who drop out of high school to 4%.
- By 2020, increase the percentage of the 9th grade class that completes high school to 86%.

Goal 5 - Reduce teen pregnancy and sexually transmitted diseases by promoting the concept that sexual activity, pregnancy and child rearing are serious responsibilities.

- By the year 2020 increase the percentage of 15-19 year olds (9th-12th graders) who report never engaging in sexual intercourse to 60%.
- By the year 2020, reduce the pregnancy rate for 15-17 year old Montana females to 27.

The ICC is continuing its collaborative efforts and strategies to curb underage drinking and binge drinking across state agencies and then through the local levels. Emerging issues such as prescription drug abuse/misuse and marijuana use among youth are “bubbling” to the public agenda.

The Prevention Resource Center (PRC) Director participates in the state level Injury Prevention Coalition, the State Health Improvement Plan meetings, conference planning committee for the annual Crime Prevention Conference and is the point person for the Department's efforts in partnering with ChildWise, a local nonprofit, toward implementing the ACES Master Training across the state. The issues involving the shared risk and protective factors across similar programs and disciplines are essential to addressing child abuse and neglect in the state.

The ICC continues to promote and facilitate functional communication (using current lines of communication) among the involved agencies, departments and local entities throughout the

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State. The work group continues to meet 6-8 times per year. The website Parent Power <http://parentpower.mt.gov/> creates and sustains a coordinated, comprehensive system of prevention services in the State of Montana.

AMERICORPS VOLUNTEERS IN SERVICE TO AMERICA (VISTA) PROGRAM:

Along with the MT CTF, the Prevention Resource Center (PRC) AmeriCorps VISTA Program is also housed within the MT DPHHS Director's Office. The VISTA Program has provided the MT CTF with many resources and supports, as well as 3 years' worth of awareness efforts and capacity building by placing a VISTA member within the MT CTF. Much of the work listed in this report would not have been possible without our partnership with the VISTA Program and VISTA member placements.

BEST BEGINNINGS AND EARLY CHILDHOOD PARTNERSHIPS:

The MT CTF State Lead has been participating in the Best Beginnings Advisory Coalition (BBAC) Meetings. One of the MT CTF Board Members is the Early Childhood Bureau Chief and oversees the BBAC and its activities. This collaboration and leveraging of resources will ensure that future work will be in collaboration for the families and children of Montana.

The mission of the Best Beginnings Early Childhood System is to improve long term school readiness outcomes for all children and families in Montana. The intent is to have a comprehensive, coordinated early childhood system that provides a governance structure and leads to strong collaboration in order to best meet the needs of Montana's youngest citizens.

Best Beginnings work is based on four goals:

1. Children have access to high quality Early Childhood Programs.
2. Families with young children are supported in their community.
3. Children have access to a medical home and health insurance.
4. Social, emotional, and mental health needs of young children and families are supported.

A key component of the Best Beginnings system is a community council. Communities develop a community council or formalize an existing community council to describe and discuss the early childhood system using the Best Beginnings goals as a framework. The community council, aided by a community coordinator, is where the foundational work happens. The council will be making crucial decisions about the network of services and resources available for the children and families of each community. The community council will adopt a collaborative approach to identify priorities and systems changes and decide how to move forward once the crucial decisions are made.

Using the community council, the Best Beginnings philosophy, and the collaborative approach, each community will be on the road to a comprehensive, coordinated early childhood system. They will be giving the children in their community "Best Beginnings". Staff members from the MT CTF funded programs are and will continue to be members of the Community Councils.

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The 2015-2016 RFP used to determine funding for the five Best Beginnings Community Coalitions (BBCCs) is **attached**. The intent at this time is to offer up to 3 years of funding for the BBCC grantees and expand the funding opportunities to others in the coming cycle. There are currently 20 active BBCCs across Montana.

SHAKEN BABY SYNDROME/ABUSIVE HEAD TRAUMA PREVENTION AND THE PERIOD OF PURPLE CRYING PROGRAM:

It is the MT CTF's goal to make Montana PURPLE with the *Period of PURPLE Crying Program*. The MT CTF continued working across the state to implement the *Period of PURPLE Crying Program* in every birthing hospital with Dose 1 and working at the community-level and grassroots-level to implement Dose 2 and 3. Implementing this curriculum/education is a basic systemic change that will help create a safer environment for infants and toddlers in Montana.

By partnering with Certified Facilitators, tribal agencies, hospitals, home visiting programs, state agencies and others across Montana, we are helping families in our communities understand the normal infant crying period, the frustration associated with it, and the knowledge to help get through it. In this cycle we focused more of our efforts on building tribal relationships to ensure that these important trainings reached some of Montana's most underserved populations. Additionally, building these relationships will lead to further supporting our tribal partners.

MATERNAL, INFANT, AND EARLY CHILDHOOD HOME VISITING PROGRAM (MIECHV):

The MT CTF board and staff encouraged participation of our grantees in MIECHV and assisted in establishing and coordinating a referral system with other community partners. We helped coordinate language and the sharing of information. We collaborated with MIECHV and encouraged our grantees and partners to blend and braid funding from MIECHV with MT CTF funds.

ADVERSE CHILDHOOD EXPERIENCES STUDY (ACES):

As part of the ICC and ICC work group, the MT CTF has pushed forward in making Montana an ACE-informed state. We collaborated with ChildWise/Intermountain Children's Home, DPHHS, and others in ACE trainings, committees, planning sessions, campaigns, and awareness activities.

Montana DPHHS granted \$65,000 to ChildWise/Intermountain to host a Master Trainer session for ACES. In 2015-2016, awareness was raised and the broader public health and human services community was educated about ACES. Developing strategies to implement efforts on the state and local level has begun. The Master Training has taken place, and the trainers have begun to schedule trainings. A state leadership training was held and some of the Master Trainers were able to share what they have learned thus far. Through the Prevention Resource Center, the MT CTF State Lead has been involved in this process throughout. For more information on these activities please see SECTION 2. ACTIONS TO ADVOCATE FOR SYSTEMIC CHANGE starting on **page 13**.

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The MT CTF worked closely with the MT DPHHS Director's Office regarding ACES as they trained all staff on the ACEs study and moved toward using trauma informed approaches in the department's work. In early 2016, a qualitative analysis of the training feedback was prepared by an intern, and recommendations included:

- Creating a strategic plan with developing trauma-informed approaches
- Continue with further advanced training
- Developing an operating plan

EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC)/CHILD READY ADVISORY COMMITTEE:

As a member of this advisory committee, the MT CTF assisted in planning and collaborations to help EMSC reduce the incidence of pediatric injury and illness in Montana and promote and advance excellence in the care of injured children.

Priorities and Strategies:

- Building more collaborations
- Optimize providing resources to patient
- Assessment of Existing Care Services
- Development of Pediatric System Components
- Data/Evaluation
- Continue to promote Health Literacy Trainings

ADDITIONAL ACTIVITIES:

The MT CTF Request for Proposal for 2013-2014 (used to fund grantees in 2014-2015 and 2015-2016 via renewal) included a section entitled: **Cooperating Organizations**. No single program or project can serve all the needs of a family. Programs benefit from fostering the development of a continuum of preventive services for children and families through State and community-based public and private partnerships. Identify collaborative partners and their services involved with your program or organization. What is the process for referrals in the community? What are the community's resources, and gaps in services?

Per the 2013-2014 and 2015-2016 MT CTF RFPs, programs submitting requests for funding needed to include 3 Letters of Support from Cooperating Organizations/Community Partners. The programs also needed to include 2 letters of support from Consumers and/or Parents/Caregivers who have used their program in the community.

4.4.4 Parents'/Consumers' References. Offeror shall provide at least two (2) letters of support from parents/consumers that are currently using or have used services of the type proposed with the program in this RFP.

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4.4.5 Cooperating Organizations. The MT CTF goal is to have a comprehensive, coordinated system that provides governance structures and leads to strong collaborations in order to best meet the needs of Montana's youngest citizen and their families. The most effective way to meet the challenge of preventing child abuse and neglect is for all programs, both public and private, to work together in partnership with families and other disciplines such as social services, health and mental health, child care, respite care, early childhood, education, head starts, law enforcement, faith-based organizations (FBO) and other CBOs, fatherhood and healthy marriage programs, tribal social services, Indian Health Services and tribal Health Departments, and other appropriate advocacy groups in the community.

Programs must demonstrate cooperation, collaboration and support from community partners as a requirement of the application.

- a. Discuss who the program will work/partner with, how and why.
- b. Describe the process for referrals in the community.
- c. Provide at least 2 letters of support from community partners.

In **the past 3 years** the MT CTF has become more engaged in collaborative efforts and collective impact. We have been involved with the Adverse Childhood Experiences (ACE) movement and survey. Board and staff participated in trainings and events focused on what we as a society, community and individuals can do to decrease ACE risk factors. Seeing the importance of increasing ACE awareness in Montana, the MT CTF offered mini grants to direct service providers to attend conferences and workshops across the state to help them better serve their clients and meet their goals to increase positive outcomes for children and families.

Additionally, the MT CTF board provided funds for child abuse and neglect prevention advocates to attend the annual Great Beginnings, Great Families Conference, which provided workshops to support Montana's families, as well as, opportunities for networking. The annual conference is provided by a partnership between Best Beginnings, Montana Department of Public Health and Human Services, and Maternal and Early Childhood Home Visiting.

In 2013 the MT CTF worked diligently to form a statewide coalition to assist in writing the CDC's Essentials for Childhood grant. Though we were not funded we have continued to collaborate in state on a variety of activities and maintain open lines of communication with the CDC as a group to stay informed of resources and future funding opportunities related to the Essentials of Childhood. Members of this collaboration come together regularly to stay informed of activities and work on projects together.

AWARENESS ACTIVITIES:

The Montana Children's Trust Fund continues expanding our awareness efforts, making our work well known throughout the state. The major awareness efforts of the Montana Children's Trust Fund for 2015-2016 included:

- **Halloween Fun Fest:** This annual event started as a safe alternative to trick-or-treating for the Helena community. It has grown each year to become not only a fun carnival for the kids, but also a great family resource fair for parents. In 2015-2016 community businesses and

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organizations hosted game tables and brought information on their resources for parents to help prevent child abuse and neglect. Around 1500 parents, caregivers and children attended.

- **Child Abuse Prevention Month:** During April, the Montana Children's Trust Fund hosted a variety of public awareness events and campaigns. The statewide reach of these campaigns has increase each year. In 2016, schools and organizations throughout the state were engaged in our efforts and helped spread awareness. In Helena, the first annual Family Resource Fair was hosted. This family resource fair brought 16 local community resources to the Capitol, where over 300 parents and children received information on the services. The CTF started a #GoBlue Mondays, which encouraged people from all over the state to wear blue every Monday in April to show their support and raise awareness for child abuse prevention. In partnership and collaboration with Montana News Network and Blue Cross Blue Shield of Montana we were able to run ads from April through September to promote the MT CTF and Strengthening Families.
- **Children's Trust Fund PSAs:** January through April the MT CTF runs our Income Tax Check off campaign statewide on both television and radio stations to encourage donations. The MT CTF partnered with the Montana Television Network Blue Cross Blue Shield of Montana to create a PSA for the CTF. The Montana Television Network started to run this PSA in April, and continued to run it through September, 2016. Finally in partnership with the Montana News Network we are able to again run our annual Halloween Fun Fest ad to raise awareness for the MT
- **Not Even For a Minute Campaign:** This campaign reminds parents to never leave their children in a car, not even for a minute. Posters and rack cards have been created and disbursed throughout the state. Spanish copies are available. All materials are accessible online.
- **Shaken Baby Syndrome Prevention Cards:** The CTF has created "Take a Break, Never Shake" magnet and rack cards. These cards were distributed to organizations throughout the state to remind parents that when babies are crying, "take a break, never shake." All materials are accessible online. Packets including this and other resources we sent to all 56 county health departments and other partners across Montana.

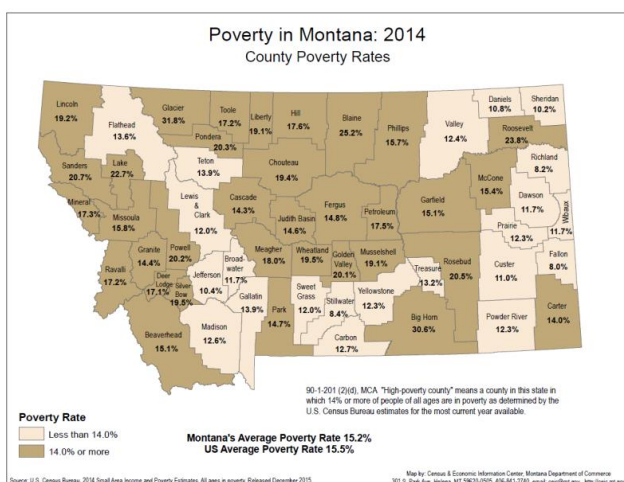
Also see SECTION 9. CHILD ABUSE MONTH AND PUBLIC AWARENESS ACTIVITIES for more details starting on **page 102**.

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4. PREVENTION SERVICE ARRAY, NEEDS ASSESSMENT AND CRITERIA FOR FUNDED PROGRAMS

ASSESSING THE UNMET NEEDS IN MONTANA:

The MT CTF is acutely aware of the ever growing need for services in Montana. Given the rural and frontier nature of all of Montana, our populations can face some unique challenges such as lack of transportation, easily accessible services, poverty, food insecurity, substance abuse, etc. The MT CTF requires that all grantees evaluate their community based needs



Montana Child Data and Policy Overview

DEMOGRAPHICS	State
Total population	990,785
Child population (ages 0-17)	223,050
Estimated number of 4-year olds ¹	12,553
Single-parent families ²	30%

ECONOMIC WELL-BEING	State
Unemployment rate ³	5.6%
Median household income	\$45,456
Children in poverty (<100% FPL) ⁴	19%
Families w/high housing cost burden ⁴⁺⁵	30%

EDUCATION	State
Preschool-aged children NOT enrolled in public or private school	59%
Children enrolled in grades K-12th (2013-2014 school year) ⁶	142,689
High school dropout rate (2012-2013 school year) ⁷	3.6%
Enrolled students who participate in free/reduced-price lunch program (2014) ⁸	44%

HEALTH	State
Children without health insurance	12%
Traffic crash fatalities and incapacitating injuries ⁹	1,332
High school students who have been binge drinking during the past 30 days ¹⁰	24%
High school students who seriously considered suicide during past 12 months ¹¹	17%

The best way to ensure that children get ahead is to make sure that they never fall behind.

Sources: Data source is the 2009-2012 American Community Survey, unless otherwise noted.
¹ 2013 Annual Population Estimates, US Census Bureau
² 2012, Montana Department of Labor & Industry
³ Montana Office of Public Instruction
⁴ 2012, Montana Department of Labor & Industry
⁵ 2012 Youth Risk Behavior Survey, OPI
⁶ Due to the 2013 legislative redistricting, there are limited data available at the legislative district level. Data should have been at the county level and data books only. The Department of Commerce provides some information at the current legislative district level, which can be accessed at <http://ceic.mt.gov/ceic/files/ceic%20agid%2014.pdf>



based on their most current community needs assessment, state data and other resources. The MT CTF board and staff

review and utilize this and other information to ensure that programs are filling gaps and providing resources and referrals to meet other needs to ensure families are strong. The MT CTF works to ensure that our grantees have whole family and whole community care in mind as they provide direct preventative services to their clients.

As shown in the maps and chart (based on data from U.S. Census Bureau and Montana KIDS COUNT 2014 Data Book), most of Montana's 56 counties have a significant portion of the population living on incomes less than 100% of the federal poverty level. Per the data reflected many of Montana's counties have poverty rates significantly higher than the national average. Of those, many counties overlap or border Montana's Indian reservations. While our limited resources cannot reach all of Montana at this time, the MT CTF does it's very best to collaborate with other organizations, tribes and entities to assess the unmet needs of our state and collectively plan for the future, leveraging funds and resources and creating a strategy to better serve our state.

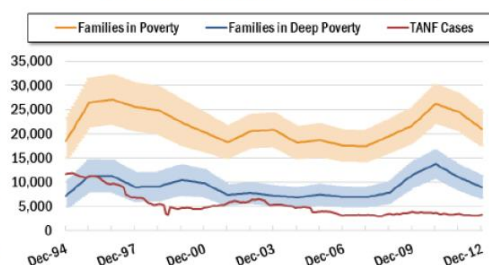
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In FY 2014, the average TANF case load was 3067 per month. Of the 3067, 1352 were child only cases accounting for 44% of the overall caseload, slightly higher than the previous 6 year average of 39%, and below the 2010 national average of 46%. Additionally, in SFY 2014, Montana provided cash assistance to an average of 7386 recipients (adults and children) per month. Of the 7386, 4616 were American Indians with 2856 residing on a reservation. The majority of TANF cash households have zero income at application. A household of 3 with zero income would receive the maximum cash benefit of \$510 per month while engaging in activities that assist them in overcoming barriers to employment and/or gain the education and skills to become employed. Since the TANF block grant was authorized in 1996, funding for the program has remained level and, taking into account inflation rates, the value of the cash assistance to participants has decreased by more than 20% in most states, including Montana. To make tough

TANF and Poverty Trends in Montana			
Families with children:	1994/95	2012/13	
... on AFDC/TANF	11,600	3,100	
... in Poverty	18,500	24,500	
State TANF to Poverty Ratio	63	13	
National TANF to Poverty Ratio	68	26	
	TANF Benefit level:	Share of FPL	Value change since '96
State benefit	\$510	31%	-22%

Beginning in 2006, this analysis uses TANF caseload data collected directly from state agencies rather than the official data reported by HHS in order to more consistently reflect the number of families receiving cash welfare in each state over time. Unlike the HHS data, these data include solely state-funded programs, and exclude worker supplement programs.

Number of Families with Children in Poverty, Deep Poverty and TANF Cases in Montana



Deep Poverty refers to families below half the poverty line. Shading in graph shows the 90% confidence interval (lower and upper bound) of poverty estimates. Two years of Current Population Survey (CPS) data were merged to improve reliability. The TANF-to-poverty ratios are calculated by dividing the number of TANF cases by the number of families with children in poverty. On the graph above, Dec-12 represents merged CPS poverty data for calendar years 2012 and 2013.

funding decisions and help those who might be at the highest risk for child abuse and neglect, the MT CTF stays up to date on the latest data to better target our limited resources. We understand that being a caregiver can be challenging under the best of

circumstances and hope that we can give caregivers the tools they need to better care for their children and make it through challenging times.

With income eligibility levels for cash assistance far below other safety net services, the TANF program has proven unresponsive to the economic realities of Montana families, with a sharp decrease in the number of families receiving cash benefits since 1994/1995 despite rising numbers of families in poverty due the recent economic downturn. The Montana TANF program also serves fewer families in poverty than TANF programs in other states, with only 13% of families in poverty in Montana receiving TANF cash benefits versus 26% in the US. (See figures below)

In 2013, agencies of the Montana Food Bank Network served nearly 140,000 different clients over a total of 1.15 million visits. In a state of approximately one million individuals, this means nearly one in seven Montanans received food assistance through the Montana Food Bank Network.

The USDA reports that **20.9 percent of Montana's children struggle with hunger**. The *10 Step Plan to End Childhood Hunger in Montana 2010-2020* reports that 92,000 children in Montana experience hunger and lack of access to nutritious foods at various times each week and month. The plan was created by the Partnership to End Childhood Hunger, which is a collaboration of

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public and private entities that identified specific steps toward reducing childhood hunger in the state.

Food insecurity and hunger have long-term negative impacts on physical health and academic achievement, which can lead to poor economic indicators for the state. The Feeding America *Map the Meal Gap* report notes: "Good nutrition, particularly in the first three years of life, is important in establishing a good foundation that has implications for a child's future physical and mental health, academic achievement, and economic productivity."

National organizations such as the Food Research and Action Center (FRAC) and Feeding America have documented the connection between poverty and hunger. The Montana Poverty Report Card for 2011 reported that in 2009, 142,000 Montanans were living in poverty, which is in alignment with Montana's food insecurity rate according to Feeding America's statistics.

The Montana TANF cash program administers approximately 3,000 grants per month, 44% of which are "child only". 62% of recipients are American Indian.

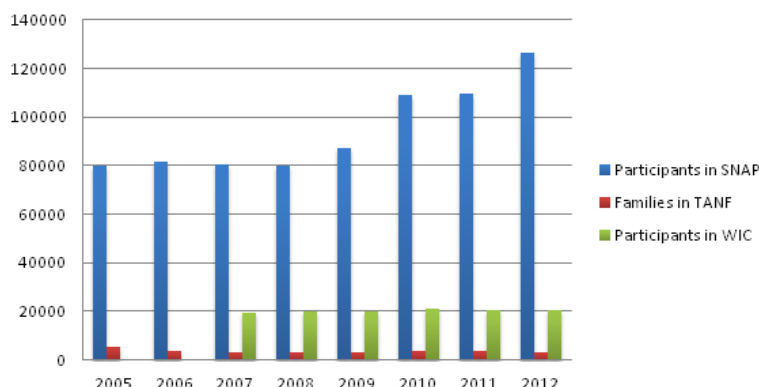
According to the Montana Food Security Council and Montana Food Bank Network, in 2011:

- 57% of Montana's children participated in the National School Lunch Program (NSLP).
- 13% of Montanans received Supplemental Nutrition Assistance Program (SNAP) benefits. About 40% of those were children.
- 25,500 Montanans received Women Infants and Children (WIC) benefits. Montana WIC estimates that only 40% of those eligible are participating.

According to the USDA's definition, less than half of Montana's geographic area is considered a food desert. However, our assessment participants universally agreed that whether you live in a rural or urban area, the entire state of Montana can be perceived to be a food desert by certain demographic groups due to unique factors such as:

- Large, unpopulated geographic areas and rough terrain between communities. Montana is the fourth largest state in the nation and the seventh least populated with only 6.8 people per square mile.

Public Assistance in Montana, FY 2005 - FY 2012



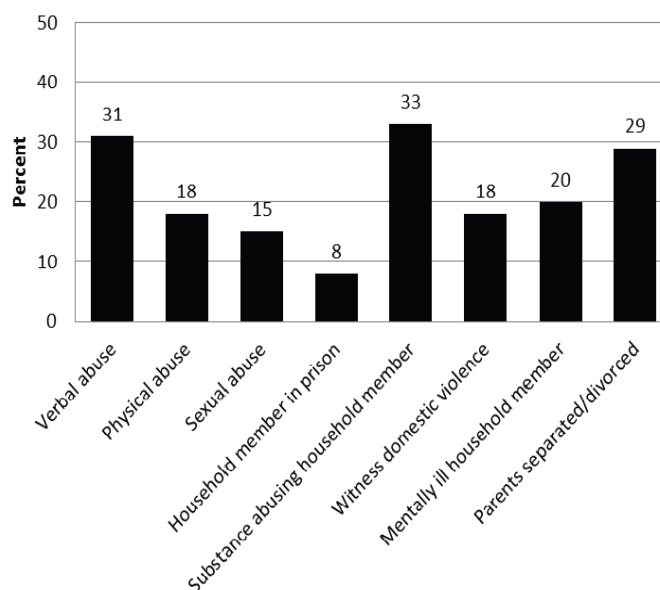
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- A prevalence of very small isolated communities with no grocery stores, schools, or food programs of any kind. Of the 56 counties in Montana, 46 are defined as Frontier.
- Harsh weather conditions. The state is known for long, cold, dark winters where freezing temperatures are common from the beginning of November through June.
- Sparse or inadequate public transportation in urban and rural areas.
- Extreme poverty and isolation on Indian Reservations. Tribal nations are diverse. Each tribe has unique cultures, languages, histories, and geographic conditions.

The phenomenon of childhood trauma is no stranger to Montana. A statistical survey instrument known as the Behavioral Risk Factor Surveillance System (BRFSS) has been conducted in Montana in collaboration with the Centers for Disease Control since 1984.

In 2012, the BRFSS included questions related to adverse childhood experiences for the first time. The survey was completed by 5,855 Montanans—and the results can easily be termed startling: 26% of the respondents reported experiencing three or more ACEs during childhood. More than one in ten admitted to having experienced more than five ACEs.

Figure 1. Percentage of adults aged 18 years and older reporting adverse childhood experiences (ACEs), by ACE category, Montana, 2011.



As striking as these numbers are, they might actually be underestimated because institutionalized adults were not included in the survey and respondents generally speaking might hesitate to report ACEs, especially the more egregious ones. In sum, a history of ACEs is not uncommon among adult Montanans. The most prevalent of adverse experiences reported were substance abuse in the household, verbal abuse, and parents who were either separated or divorced.

According to Child Trends, research has found that the highest levels of risk for negative outcomes are associated with having experienced multiple adverse childhood experiences (ACEs). Nationally, a slight majority of children have not experienced any ACEs, but in 16 states more than half of children have experienced at least one ACE. In Montana, 17 percent of children have experienced three or more ACEs. Some studies suggest that the experience of four or more ACEs is a threshold above which there is a particularly higher risk of negative physical and mental health outcomes. Prevalence at this threshold is highest in Oklahoma, **Montana**, and West Virginia, at 10 to 12 percent

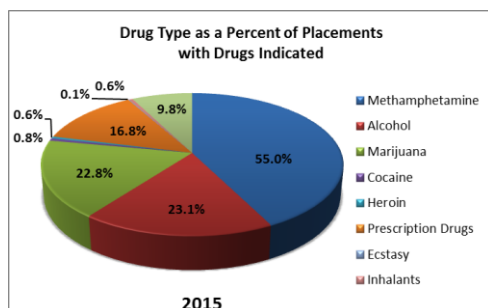
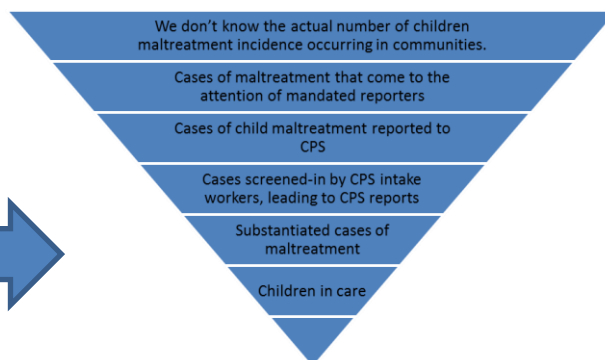
By far, the most common ACEs in all 50 states are economic hardship, and parental divorce or separation. Nationally, just over one in four children ages birth through 17 has experienced economic hardship somewhat or very often. In most states (45), living with a parent who has an

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alcohol- or drug-use problem is the third-most-prevalent ACE (national prevalence is about one in ten children).

Problems in estimating the incidence of child maltreatment:

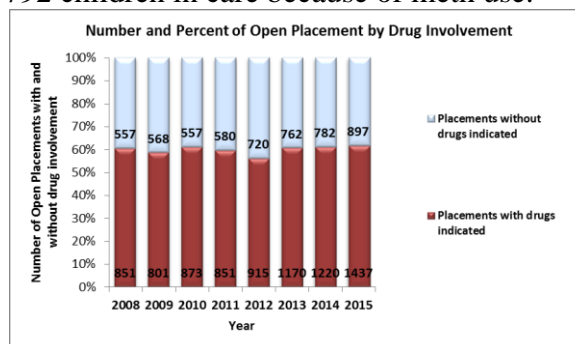
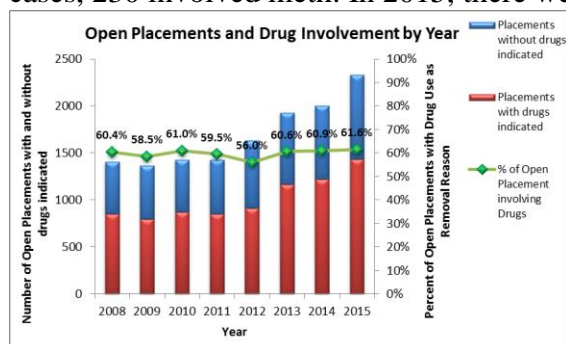
State Mandated services



Montana has seen an increase of more than 500 children in foster care since April 2015. According to the Montana Department of Health and Human Services, there were 2,718 children in foster care across Montana, a number that includes those in care as of Aug. 31, 2015. Since 2008 there has been a 75 percent increase in children in care which is amplified by a significant decrease in homes to support displaced children. As of 2015, there were 903 foster homes, 631 youth foster

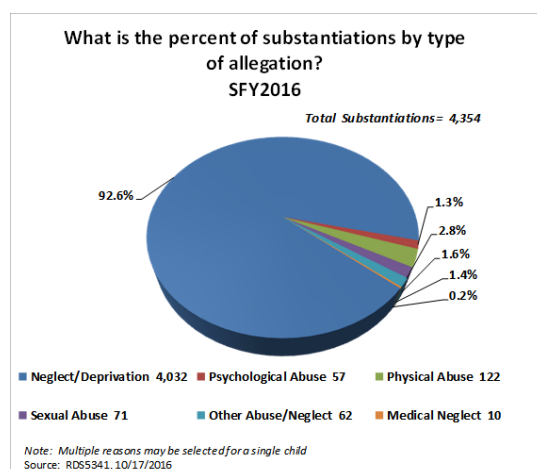
homes and 272 kinship homes, which place children in the care of a relative or other people with whom the child has a close relationship in state.

As for the rising number of children in foster care statewide, there's also no easy explanation, although one major factor is a rise in cases involving drug use, especially methamphetamine. According to CFS statistics, there were 851 Montana children placed in foster care whose cases involved drugs in the home in 2010, while there were 1,445 as of Sept. 4 in 2015. Of the 2010 cases, 230 involved meth. In 2015, there were 792 children in care because of meth use.

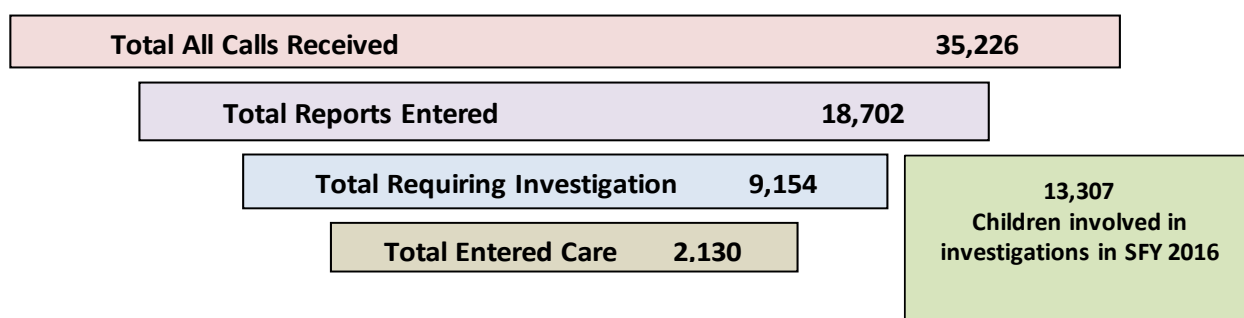


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During SFY2016, citizens called the Centralized Intake Hotline 35,226 times and 18,702 of the calls were entered into the CFSD automated system. Of the 18,702 calls entered into the data tracking system, 9,154 required investigations; the remainder of the calls provided additional information about the specific report in question or were either requests for service referrals or some other type of information only.



Centralized Intake SFY 2016



Per the MT CTF RFP: All funded programs must include a **Statement of Need**:

The Statement of Need must describe in detail the importance of the program, geographic location, target populations, and existing services that demonstrate the need for the identified project activities. Include statistical data from the last complete state fiscal year including total numbers of children and families served.

Address the following questions:

- a. Describe the needs and concerns in your demographic area.
- b. What are the separate elements of each?
- c. Describe the demographics of the communities within the defined service area.
- d. Is the program area a high risk area as defined by a needs assessment?
- e. Describe the local resources that exist in your demographic area.
- f. Describe the gaps between needs and available resources.
- g. Describe the consequences of the unaddressed need(s) or problem(s).
- h. Programs applying for the first year of funding need to provide the number of children and families served to date during the current program year if available.

Include a narrative describing the children and families served. Please provide unduplicated counts. Programs applying for the first year of a Children's Trust Fund Grant would need to provide the number of children and families served to date during the current program year.

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Funded programs include information found in KIDS Count, other state needs assessments, and information from the child welfare agency annual report of child abuse statistics, etc.

Programs applying for funds must provide a goals and objectives Section.

Some of the needs assessment data included from our Grantees can be found below in the Grantee Overview beginning on page 39.

The **Goals and Objectives** section reads:

Realistic and clearly written program goals and objectives are essential in a high quality proposal.

- Describe the desired outcomes of the program and relate to the community needs. Objectives are specific, measurable statements of the outcomes expected from the program. Outline several specific, measurable indicators of how the program will attain the goals.
- Describe in detail each program activity and desired outcome for each.
- Describe the evidence base for each of the activities.

The MT CTF RFP uses the CBCAP Program Instructions as a guide. The **Methods Section** reads: The section describes how your program achieves the goals and objectives and how needs are addressed. The methods section is one of the largest sections of the grant proposal.

Also in the RFP is a section on **Evaluation**:

The evaluation serves as a guide for monitoring and modifying program activities. This section explains how the proposed objectives will be measured to determine if the program is effectively and efficiently reaching the proposed goals and objectives. Include a description of the data that will be collected. Include a description of the number of the potential individuals and families served, noting and including if possible, families with children with disabilities, parents with disabilities, and the involvement of a diverse representation of families in the design, operation and evaluation of your program. Include examples of evaluation tools you will use.

Quarterly Reports: All funded programs must submit Quarterly Reports and a Final Report.

1.5.8 Quarterly Reports. Successful applicants will submit Quarterly Reports to the MT DPHHS Grant Manager on or before the due dates. Quarterly Reports are a qualitative evaluation component of the program and are an opportunity to share the progress and accomplishments of a program throughout the program year. Three quarterly reports and a Final Report are required annually. No more than 30 days after each quarter, successful applicants will submit a quarterly report designed and monitored by the State Liaison.

Attached are copies of the 2013-2014 RFP that was used to initially fund 2015-2016 local community-based program grantees, the 2015-2016 RFP that was used to initially fund 2015-2016 Best Beginnings Community Coalition grantees), the 2016-2017 Request For Renewal (RFR) that was used to renew grantees from the 2015-2016 RFP, and the 2016-2017 RFP that was used to determine funding for local community based program grantees for 2016-2017.

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THE MT CTF HAS ADDRESSED THE UNMET NEEDS IDENTIFIED BY THE INVENTORY AND DESCRIPTION OF SERVICES:

Per the MT CTF RFP: The MONTANA CHILDREN'S TRUST FUND BOARD ("MT CTF") is seeking contractors to provide primary and secondary child abuse and neglect prevention program and services. The purpose of the funding is to support community-based efforts to focus primarily on the prevention of child abuse and neglect; to fund programs to provide support to families in nurturing healthy children in safe environments; to strengthen a community's capacity building; and to reduce the likelihood of child abuse and neglect by targeting the five protective factors.

Intent of the Request for Full Grant Proposals 2013-2014 (applies to 2015-2016):

The Goal of this RFP is to fund programs that provide child maltreatment prevention and strengthening families programs across the State of Montana. Programs may include:

- A. Local Community-Based Projects. Community-based programs and services designed to use demonstrated, evidence-based, or evidence-informed strategies with children and families in order to prevent child maltreatment and to strengthen families and communities. A \$15,000 maximum grant award is available for the Local Community Based Projects.

2.0 AUTHORITY

The RFP is issued under 18-4-304, Montana Code Annotated (MCA) and ARM 2.5.602. The RFP process is a procurement option allowing the award to be based on stated evaluation criteria. The RFP states the relative importance of all evaluation criteria.

Following the **2010 Reauthorization of CAPTA, Title II**, the purposes of the Community Based Child Abuse Prevention (CBCAP) program are:

- 1) To support community-based efforts to develop, operate, expand, and enhance and, where appropriate, to network initiatives aimed at the prevention of child abuse and neglect;
- 2) To support networks of coordinated resources and activities to better strengthen and support families to reduce the likelihood of child abuse and neglect (including respite care services, home visiting services and follow-up services);
- 3) To foster understanding, appreciation and knowledge of diverse populations in order to effectively prevent and treat child abuse and neglect.
- 4) To include services and develop a continuum of prevention services for unaccompanied homeless youth and those at risk of homelessness;
- 5) To involve parents in program planning and implementation;
- 6) To have the option to include support programs for substance abuse services; and
- 7) To have the option to provide domestic violence service programs for children and their non-abusing caregivers.

Families shall not be mandated or placed into programs funded by the MT CTF. Funded services must be entirely voluntary in nature.

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The MT CTF RFP includes a section: **Who May Apply?** This section reads:

All local, non-profit agencies and community-based organizations that provide primary and secondary prevention services may apply for grants. The most effective way to meet the challenge of preventing child abuse and neglect is for all programs, both public and private, to work together in partnership with families and other disciplines such as:

- Social services
- Health and mental health
- Child care
- Respite care programs
- Early childhood
- Education
- Faith-based organizations (FBO)
- Other appropriate community-based organizations and advocacy groups in the community

The MT CTF Board Grant Review Committee, made up of Board members and the Grant Administrator review the RFPs each spring to determine the merit of programs asking for funding. The MT CTF Board uses the RFP as a guide for choosing the selected programs for funding.

The description of services offered by all or portions of the funded programs:

- Group-based parenting education and support services:
 - One-on-one or group parenting support and information
 - Play groups for children and their parents
 - Resource libraries with computers, printers, and telephones
 - Targeted programs for teen parents
 - Dad's Night and Gym day programs
 - Community resource and referral service centers
- Breast-feeding support
- Instruction in appropriate development expectations- Parent skill-building
- Family-based coaching
- CPR/First Aid classes, bicycle safety classes, and safe food handling
- Home Start Kindergarten Readiness
- ADD/ADHD Behavioral Management
- Home visits to provide opportunities to address safety issues including protective factors to prevent abuse and neglect, reducing risks of domestic violence, alcohol or other drug abuse, second hand smoke, and other inappropriate adult behaviors
- Community and public awareness
- Parent Leadership activities
- Child development education and appropriate discipline workshops
- Outreach services
- Anti-victimization/child safety

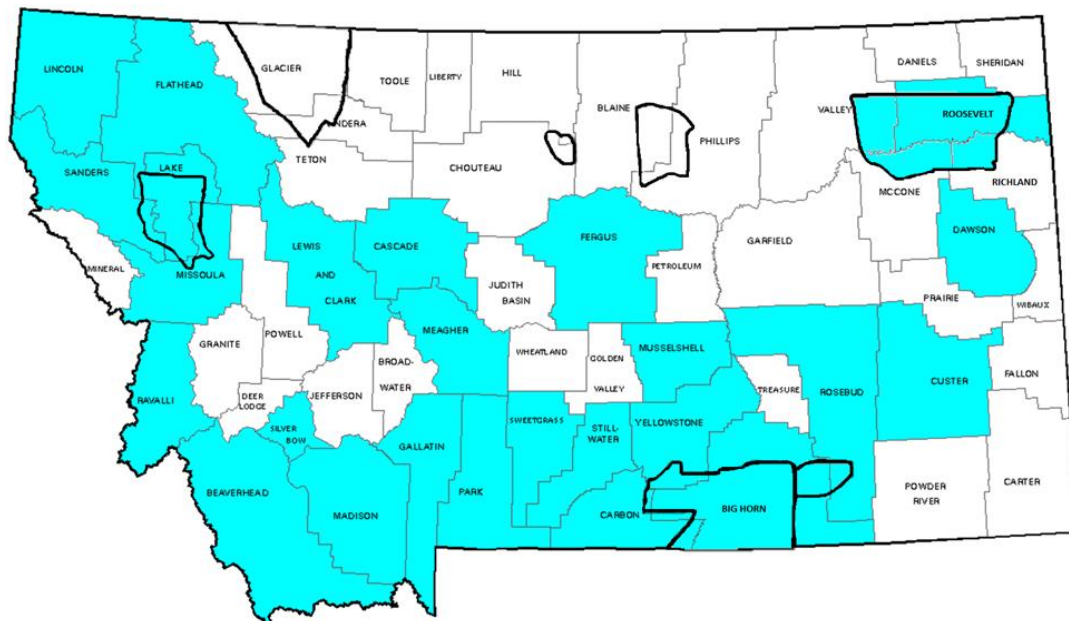
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- Services to prevent generational abuse & neglect and future criminality by providing incarcerated parents and their extended families with parent education, social and emotional support, child development information; and long-term visiting services and respite care
- Social educational outlets for at-risk families with young children
- Cultural family events
- Respite care services
- Nutritional Education
- Life management skills training and stress management skill building
- Community capacity building opportunities
- Peer counseling/mentors and crisis interventions to assist in the successful transitions

The Statewide Network established with the funding from CBCAP funding and State Special Revenue accounts have helped build a statewide prevention network throughout Montana. Funding directed to the Family Resource Centers targeted to specific programs and populations. The network balanced across the state, given the size of Montana and its rural nature. Each program is sensitive to the needs of the communities they serve and provide programs that seek to meet those needs and fill in where there are gaps in services to parents and families. Programs in rural and frontier areas have been innovative in finding ways to serve families in remote areas.

Below is a list of 2015-2016 funded programs. A short description of the programs and services follows each.

2015-2016 Grantees



Blue shading – area served by CTF grantees
Black outline (thick) - reservations

Billings, MT

[Forever Families](#) offers support to foster and adoptive parents with the goal of ensuring adoptions remain viable and adoption disruption does not occur resulting in the children returning to foster care. Forever Families hopes to increase awareness concerning the stresses

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related to and as sit in ensuring adoptive parents are thoroughly prepared and support. Forever Families provides post-adoptive services through support and education to families including respite events for parents, Grandparents Raising Grandchildren, parent driven support groups, parent lead mentor program, training for parents, family fun activities, and a resource center. The MT CTF funds Forever Families' services in Yellowstone, Stillwater, Carbon, Sweet Grass, Big Horn, Fergus, and Musselshell Counties.

Forever Families Needs Assessment: Montana follows the national average for adoption disruption with 10-25% of adoptions risking breaking-down in South Central Montana, Region 3 every year. Some of these are due to abuse and neglect in the adoptive placement, almost all of them resulting in a child's return to foster care. Recent public and private initiatives to increase adoptions and decrease time to adoption has potentially led to inadequate selection and preparation of adoptive homes, compounding the problem. Additionally, because CPS closes their formal case when an adoption is finalized, they do not provide families negotiating services and concerns without state assistance. The issues are compounded as Montana is a rural state with small town and great distances between towns. This often leaves adoptive parents isolated from services and unable to connect with other adoptive families. Seeing this study there is a HIGH need for Post Adoptive Services. Without programs such as Forever Families these families would be without any kind of support services. Although there are no new studies with new percentages we feel with post adoptive services in place now we have seen a decrease in percentages of adoptions risking breaking-down.

Family Support Network recognizes that children are the foundation of the future and that the family, as a basic unit of society, is the natural environment for the growth and development of all its members. Our agency seeks to provide intervention, support and assistance to children diagnosed with a mental illness and their families, as well as families and their children at risk for abuse or neglect. FSN recognizes the importance of parents in the lives of their children and seeks to help them access appropriate support and services and to educate them in appropriate, nurturing parenting techniques. Family Support Network provides parenting classes combining an evidenced-based program (Nurturing Parenting Program) and Native American culture and traditions for families in Wyola and Crow Agency. The MT CTF funds Family Support Network's services in Big Horn County. These services include 10 week parenting classes in both communities of Crow Agency and Wyola, sponsored Family Fun Nights in both Crow Agency and Wyola and an event to recognize April Awareness of Prevention of Child Abuse and Neglect.

FSN Needs Assessment: FSN is the only agency providing parenting classes to families on the Crow reservation. There is also a high percentage of families in the area who live in poverty and an increasing number of families who are affected by substance abuse. In Big Horn County, 33 % of children under 18 live in poverty versus 21% statewide. According to NICWA, 7% of American Indian children are thought to be at risk for abuse and neglect each year and 95% of these cases are related to substance abuse. Native American children are also disproportionately represented in Montana's child welfare system. FSN has been solicited by leaders in both Wyola and Crow Agency to provide on-going classes to parents/caregivers. This project target population addresses families who are at-risk for abusing and neglecting their children based on factors such as poverty, inadequate housing, social isolation, low education level, domestic,

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substance, physical or sexual abuse, serious emotional or mental health problems, poor parenting, and prenatal risk factors. Additionally, Big Horn County demonstrates high statistics for Grandparents raising grandchildren/great grandchildren. These classes will be offered to any parent/caregiver who would like to attend. Family Support Network recognizes that the families in this community (Big Horn County & Crow Reservation) are more likely to be at-risk due to the high rates of poverty and substance abuse. Big Horn County has a population of 12,865; 33.2% are children ages 0-17 and 84.9% of those children are of American Indian descent. Projected numbers to be served for fiscal year July 1, 2015 to June 30, 2016 is 55 children (5 with disabilities), 50 parents/caregivers (5 with disabilities) and 45 families. Studies indicate significant evidence that NPP and TP are effective parenting programs and we believe that the principals of NPP and the strategies of TP will work well to provide parents with a comprehensive understanding of nurturing and positive parenting techniques. Several studies have shown that when parents have access to parenting information and support that address problems families face- from tantrums to encouraging good behavior- key measures of child maltreatment fall and that parenting skills training used in NPP and Triple P produces predictable decreases in child behavior problems, and increases in use of nurturing parenting techniques. NPP has been shown to positively impact parenting and child-rearing attitudes including more appropriate expectations for children, increased empathy, and a decrease in the use of corporal punishment. Triple P has been shown to slow rates of child abuse, and decrease hospitalizations from child abuse injuries. Furthermore, clinically meaningful and statistically reliable outcomes for both children and their parents have been demonstrated.

Bozeman/Belgrade, MT

Thrive established the Parent Place as a place for parents to receive parenting classes, support groups, resource library materials, home visiting, and community resource referrals. Parent Place offers Love and Logic and Parents as Teachers classes, "Dynamite Dads" support group, Thriving Babies, Thriving Tots, Thriving Kinders, Thriving Sixth Graders, one-on-one parenting consultations, and family activities.

Thrive Needs Assessment:

During 2014, Parent Place participants increased by a staggering 30%. A portion of this growth is a result of increasing demand for existing services. This year (2014-2016) we served 86 families (6 more than our goal) through MCTF funded activities. We were encouraged by the increased participation and were excited to add additional group connections -- a gross-motor group at the Ridge and a monthly Fabulous Families group for teen/young parents. We added Parent Place administrative support to help maximize program efficiency and allow us to serve more families. Thrive is working not just to sustain this MT CTF project, but to continue to expand services to meet local needs.

Evaluations showed significant progress towards all four outcomes areas highlighted in our logic model -- which is based on evidence-based PAT curriculum. We were especially pleased by the group evaluations (with all parents reporting positively in each outcome area). PAT home visiting families also showed positive increases in the outcome areas and the demand for our home based services is strong (we served two more families than our goal this year). We plan to continue to offer these expanded services and remain focused on creating change in these

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outcome areas. Based on several families' progress and high LSP scores, we plan to transition them out to make space to serve new higher-need families.

The demographics of the Gallatin County include a population of 94,720 (as of 2013), 21% of whom are children under the age of 18. Fourteen percent of these children live below the poverty level. With a 32% increase in population between 2000 and 2010, and an additional 20% increase projected by 2025, community resources are strained. Families feel the effects of highly-competitive housing market, an average cost of living up to 119% of the national average and below average wages. As families struggle, providing support and education for parents is crucial to preventing abuse and neglect.

Access to parent education, preventative services, and physical and mental healthcare for children were all identified as gaps in the recent the Greater Gallatin Area's Early Childhood Community Council community needs assessment. Child abuse and neglect prevention continues to be a clear need and a high priority for our area. Local parents reported needing help getting parenting support, connecting with available resources and navigating complex systems of social services. PAT services made available through this project are the only PAT service accessible to general public in our area.

The Gallatin Early Childhood Community Coalition (ECCC) is a community-wide collaborative effort to promote thriving children from birth through age eight. It provides leadership to community partners with the goal of creating an efficient, effective and comprehensive system of early childhood services in the Greater Gallatin area to ensure that every child has a healthy and enriched beginning. The Gallatin ECCC will use the MT CTF funding to support child abuse and neglect prevention services in the Gallatin Valley, promote public awareness of early childhood issues, collaborate with partners to support a continuum of serves for homeless youth, support the work of the MT Project LAUNCH initiative, and engage more parental involvement in the Gallatin ECCC and MT Project LAUNCH councils.

Gallatin ECCC Needs Assessment: The demographics of the Gallatin County include a population of 94,720 (as of 2013), 21% of whom are children under the age of 18. Fourteen percent of these children live below the poverty level. With a 32% increase in population between 2000 and 2010, and an additional 20% increase projected by 2025, community resources are strained. Families feel the effects of highly-competitive housing market, an average cost of living up to 119% of the national average and below average wages. As families struggle, providing support and education for parents is crucial to preventing abuse and neglect. Access to parent education, preventative services, and physical and mental healthcare for children were all identified as gaps in the recent the Greater Gallatin Area's Early Childhood Community Council community needs assessment. Child abuse and neglect prevention continues to be a clear need and a high priority for our area. Local parents reported needing help getting parenting support, connecting with available resources and navigating complex systems of social services.

Butte, MT

The Butte Community Council (BCC) was formed from an informal school readiness work group and has evolved into a formal early childhood coalition recognized by the State of Montana and represented by 27 organizations and 39 individuals. The BCC has elected officers,

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a coordinator; has created a Children's Mental Health Committee (represented by 18 organizations and 41 individuals). The MT CTF is providing funding to support the implementation of the Circle of Parents evidence based program in Butte/Silver Bow Counties, increase public awareness of prevention resources and activities, and promoting parent leadership activities. Additionally they are working towards building their coordination and collective impact efforts. Additionally, BCC members will participate in the "Caring for our homeless Community" group.

Butte Community Council Needs Assessment: The needs and concerns in the Butte/Silver Bow area center on: child abuse and neglect, domestic violence, crime, substance abuse, homelessness, an inadequate number of mental health professionals to provide services to children, youth suicide, and the lack of a support group for parents who have children with and without mental health issues and disabilities.

Child Abuse and Neglect – The substantiated child abuse rate per 10,000 children under the age of 18 was 69 compared to the state rate of 38. 120 children birth to age 10 were in the custody of Child and Family Services during 2012. Many times children are placed in foster homes and experience multiple transitions that they must adjust to.

Domestic Violence – The domestic violence rate in 2012 per 10,000 women ages 15 to 44 was 342 compared to the state rate of 229. Domestic violence affects all members of a household whether they are the recipient of the violence or not.

Crime – The high rate of child abuse and neglect and domestic violence combined with an increase in substance abuse lends itself to an increased level of crime. Our community experiences significant crime levels related to these factors.

Substance Abuse – Substance abuse including alcohol, meth, marijuana, and others is prevalent in our community and has been historically. It leads to some of the other needs listed here such as crime, domestic violence, child abuse and neglect, and homelessness.

Homelessness – In 2012, Homeward Bound, a facility which temporarily houses those who are homeless, served 87 people (72 adults and 15 children.) The SW MT Community Health Center provided medical services to all 87 of these individuals in addition to 17 people living on the street.

Children's Mental Health Services – Our community lacks adequate numbers of mental health professionals to serve children and youth. It is extremely difficult to get in to see a mental health professional during a crisis unless using the ER. Psychiatric telemedicine is also limited.

Youth Suicide – Our community has experienced extremely high levels of youth suicide in recent years with one reported in 2011, one in 2013, and two in January, 2014.

Parent Support - The Children's Mental Health Committee held four community focus groups to receive feedback from parents about the barriers they experience accessing mental health services for their child. As a result of these focus groups, we formed a parent support group

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where parents may share their struggles, challenges, successes, and receive resources to assist them in accessing mental health services for their child.

Two community needs assessments have been conducted recently including the 2014 PRC Community Health Needs Assessment sponsored by St. James Healthcare, the Butte Silver Bow Public Health Department, and the Southwest Montana Community Health Center. The Butte/Silver Bow Early Childhood Needs Assessment was conducted in 2012 and sponsored by the Butte Community Council (BCC). Both assessments concluded that the program area is a high risk area in many respects.

Our Child and Family Services office provides support and structure to all members of the family involved with child abuse and neglect. Many partner agencies become involved to meet the specific needs of the family members. Safe Space, our local domestic violence facility, provides emergency housing for victims of domestic violence. They also work with partner agencies to meet the specific needs of the family members. Our community was recently funded to house the Project Aware program within our school district. This program addresses youth suicide prevention and the supports that youth and families need in this prevention effort. The Butte Silver Bow Chief Executive convened a community-wide Suicide Prevention Committee to actively address the issues in our community due to an increase in youth suicides. St. James Healthcare, our local hospital, has recently remodeled their emergency room facility to include customized space for those in crisis in addition to working with the Crisis Response Team. Western Montana Mental Health, Acadia, AWARE, Southwest Montana Community Health Center, Youth Dynamics and many private mental health providers are available to address substance abuse issues in addition to children's and adult's mental health. Mariah's Challenge, a non-profit organization, supports not drinking until the legal age and never drinking and driving. They provide support to children and youth both financially and through public awareness activities. Our Human Resources Council is actively addressing homelessness in our community. We have moved from transitional housing to rapid re-housing. Our community provides shelter and food through the Butte Rescue Mission and the Butte Emergency Food Bank. The BCC and the Children's Mental Health Committee have come together to support children and families by addressing mental health services, psychiatric telemedicine availability, medical homes, and the affordability of accessing children's mental health services.

Dillon, MT

The Women's Resource/Community Support Center was established to prevent and eliminate domestic violence, sexual assault, and stalking through direct services to victims and their children. Prevention and education groups include Girl's Group, Beaverhead Boy's Club, Circle of Security, and Suicide Prevention. The center also provides the "Strengthening Rural Families" program including parenting classes and outreach, counseling services, safe houses, legal advocacy, a 24-hour crisis hotline, and other victim advocacy help.

WRC Needs Assessment: Our 9,129 square mile area is isolated from adequate resources, leaving families without the external support needed to address the protective factors and enhance overall quality of life. The Resource Center is the only agency in this area that provides evidence-based parenting education, mentoring programs, support groups, personal advocacy, civil legal advocacy, legal representation, professional counseling services and preventative

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educative sessions. Through these services, individuals are provided with tools, learn skills, and are empowered to create change. According to the 2012-2013 Beaverhead County Community Needs Assessment, the annual average wage for workers in Beaverhead County is among the lowest in Southwest Montana and is 62% of the national average. As a result, 24.5% of our children reside beneath the federal poverty line. The Needs Assessment asserts that many individuals are eligible for assistance through state programs, yet the vast majority of families are not accessing support. Residents also struggle with housing factors as 41% exceed 30% of their income on housing costs. The suicide rate, as well as the rate of major depression and substance abuse in Beaverhead County, significantly exceed national averages.

Research demonstrates that children of substance abusing parents are more likely to experience physical, sexual and/or emotional abuse. In fact, substance abuse contributes to at least one third and up to two-thirds of child welfare cases in the U.S. Clearly, families in Beaverhead County stand to benefit greatly from strengthened protective factors; families must be made aware of the support available and must be assisted to access any and all services needed. Families must be taught basic development, resilience, and positive parenting. Caregivers must fully comprehend child maltreatment and identify their role in the prevention of such. To assess outcomes of this project, the Resource Center will utilize the Protective Factors Survey developed by the FRIENDS National Resource Center for Community-Based Child Abuse Prevention or the data collection tool adopted by the MT CTF. This survey will be disseminated upon implementation and conclusion of family support services. Data collected will be used to measure family function/resiliency, social support, concrete support, nurturing and attachment, and knowledge of parenting/child development. This information will provide the Resource Center with feedback related to changes or the building protective factors and serve as guidance to enhance our program. Participants of the educative portion of "Strengthening Rural Families" will complete a posttest wherein comprehension of child maltreatment as well as child growth and development is measured. Additionally, the ACE Survey will be completed by participants and will serve as a tool to measure the incidence of child maltreatment across generations.

Glendive, MT

The Nurturing Tree Family Resource Center provides a place to find information and resources on raising children from infancy through the teenage years. The Nurturing Tree offers a wide-variety of community-based and prevention-focused programs and activities to strengthen and support families such as Love and Logic parenting classes, youth development programs, social connections, home visiting, family fun activities and parenting resources.

The Nurturing Tree Needs Assessment: Dawson County and the community of Glendive as a whole are affected by the recent changes in the economic climate. The fluctuation in the oil field driven economy carries unique threats to families in our community. The most acutely affected are those parents with limited financial resources, limited job skills and those who are socially isolated. Single parent families and families with parents who have limited education and work skills are struggling financially. These factors increase the stress parents and families feel.

In the past several years we have seen a change in the needs of families with rapid change in the oil and gas industry. This change in the economy is affecting families in a variety of ways as

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we see some families moving to the area with little or no family support or community connection and those who have been here and living on the edge of poverty affected economically by the change in the housing and rental market.

A lack of stable parenting resources had plagued our community for many years before The Nurturing Tree was established in 2002 and began to fill that void and has become a credible, reliable and stable community resource. While community fundraising efforts have been successful there are not local dollars to assure our base funding from year to year thus the request to the MCTF to help us sustain this vital service in eastern Montana.

Great Falls, MT

[Alliance for Youth, Inc.](#) will promote and process referrals to Circle of Security Parenting and Nurturing Parenting Programs through a variety of community venues. Circle of Security Parenting cohorts (10 sessions each cohort) and Nurturing Parenting cohorts (16 sessions each cohort) will be implemented across the calendar year. Each parent/caregiver will participate in at least two individual sessions (one pre-program and another individual session mid-program). Additionally, Alliance for Youth will facilitate implementation of a Trauma Informed Community Initiative, improving community-wide implementation of evidence-based, trauma informed policies, principles and practices. This initiative will reduce early childhood trauma, prevent re-traumatization and mitigate existing effects of trauma.

Alliance for Youth Needs Assessment: Cascade County leads the State in number of confirmed cases of child abuse and in the incidence of serious child abuse cases in the State. In most instances, the serious abuse cases involved transient care givers (mother's boyfriend) in the home. American Indians are disproportionately involved in child maltreatment behaviors and Great Falls, home to the Little Shell Band of the Chippewa Cree Indian Tribe and proximal to three reservations, hosts Montana's largest urban Indian population. According to the Centers for Disease Control the following factors influence child abuse, neglect and maltreatment. Not surprisingly, these factors are more prevalent in CC. A discussion of risk factors and data citations follow. Approximately 7% of CC population is five years of age or younger, demonstrating a significant population at risk for abuse/neglect. Additionally, CC caregivers demonstrate higher burden due to demonstrated mental and physical health challenges. According to Robert Wood Johnson Foundation's 2015 County Health Rankings Report, CC residents report almost four poor physical health and four poor mental health days each month. This is higher than Montana averages and may be related to physical and mental health provider shortages. The ratio of consumers to providers in CC is higher than Montana averages and is not conducive to good health, particularly healthy child and family development. Alliance for Youth has been implementing evidence-based parenting programs for two decades and pre-program assessments document parents' lack of understanding of their children's needs, child development parenting skills and further that parental thoughts and emotions support or justify maltreatment behaviors. Additionally, child maltreatment has generational roots in CC. Incidence of substance abuse is high in Cascade County, especially amongst the American Indian community (Great Falls is home to Montana's largest urban Indian population) and CC has a very high alcohol retail sales outlet density. Great Falls is one of the five most "hungover" cities in the U.S.! Low education, single parenthood and low income contribute to maltreatment. One of every five CC residents does not successfully complete high school; almost 1/3 of children

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live in single parent households (usually female) and 22% of children live in poverty. Women earn .55 for every dollar earned by males in the County. Children living in poverty are 22 times more likely to be abused or neglected. Domestic violence is also a child maltreatment risk factor and 20% of female heads of households participating in public assistance programs were abused in the prior year, compared to 1.5% of a comparable group of women who were not living in poverty. Social isolation and transience are additional documented risk factors and are prevalent in CC. Due to the Air Force base and proximity of three American Indian reservations, CC is an extremely transient County. Neighborhoods are not designed to promote connectivity and social isolation is prevalent, especially for those who are more transient. A report to the Montana Legislature depicts Cascade County having the highest per capita incidence of domestic violence. The CDC's research also identifies child maltreatment protective factors. These include nurturing parenting skills, stable family relationships, household rules and monitoring, parental employment, adequate housing, access to health care and social services, caring adults outside the family (role models/mentors) and community support of parents and community responsibility for prevention abuse. The Montana Prevention Needs Assessment assesses protective factors of family attachment, perceived family opportunities for pro-social involvement and family's perceptions of rewards for being involved in pro-social activities. Cascade County demonstrated comparable levels of these protective factors as families across Montana, but lower levels than comparable Counties.

The priority target population for the proposed programs include single (female) heads of household, parents living in poverty and/or with low educational attainment, American Indian parents, parents with more than one child under the age of four, transient and socially isolated parents, parents with undue physical and/or mental health burdens, including substance abuse disorders and parents with family history of violence and/or child maltreatment.

According to local stakeholder review of multiple, reliable and valid data sources, Cascade County is a high risk area. Additionally documenting risk status is the 2013 Cascade County Health Assessment Report, the Casey Foundation's Kids Count Report and Robert Wood Johnson Foundation's 2015 County Rankings Report.

Research demonstrates that without broad provision of effective prevention services such as COSP and NP family and child risk factors will increase and protective factors will wither on the vine and die. Quantitatively, this translates to increased and generational child abuse and neglect, truancy and school drop-out, substance abuse, crime, violence, mental health disorders, teen pregnancy and poverty. Surely, this would bear out Montana as being truly the last, best place.

Helena, MT

Lewis and Clark Public Health helps provide parents with the knowledge and resources they need to create safe, stable, nurturing relationships and environments for children. Lewis and Clark Public Health offers Year Round Parenting from the Heart which consists of Circle of Security parent education, Parents Anonymous parent support, and home visitation services.

Lewis and Clark Public Health Needs Assessment: According to the 2013 Maternal, Infant, Early Childhood Home Visiting (MIECHV) County Profile report, 13% of births were to

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women under the age of 21. 35% of the 720 deliveries were paid by Medicaid indicating a significant level of poverty in the county. The substantiated child abuse reports for L&C County are nearly twice the rate reported for the State of Montana. Young parents living in poverty tend to have a higher level of stress and mental illness such as depression and anxiety. Struggling parents are at a greater risk of becoming abusive or neglectful which may lead to life-long struggles for children. Children who grow up in a safe and nurturing home are more likely to provide their own children with loving and nurturing home. Year Round Parenting from the Heart is intended to provide parents the resources and support to learn and understand what their children need and provide the love, nurturing, attention, and discipline to help their children become securely attached.

Lame Deer, MT

Best Beginnings Early Childhood Community Coalition protected by the Northern Cheyenne Tribe/Boys and Girls Club of Northern Cheyenne was established in 2012 and currently has 22 partnerships/stakeholders bound through signed Memorandum Agreements and a Tribal Resolution. Their general committee meets monthly to discuss goals and objectives for the implementation of services. The Coalition has an active Steering Committee comprised of administrators from Tribal programs, schools, and organizations that meets monthly. The Coalition has four subcommittees: Family Spirit, Circle of Kinship Care, Drug Task Force, Drug Free Communities. The MT CTF is providing funding to support the "Family Spirit" evidence based home visiting model, approved by the developers at John Hopkins Center for American Indian Health.

Northern Cheyenne Needs Assessment: The Boys and Girls Club covers three areas: Colstrip City, the Northern Cheyenne Reservation, and Ashland CDP. Averaging between the three areas, around 43.33% of the population is under 24 years old. (54% of the Reservation, 44% of Ashland, and 34% of the population of Colstrip.) This compares with 32% of Montana's population being under 24, and 24% of the US General population. The median ages are, in order: 22.8 years old (Reservation), 29.9 years (Ashland), and 38.1 years old (Colstrip). Approximately 93% of residents on the Reservation, 65.4% of Ashland, and 9% of Colstrip residents identify as American Indian (One Race). The reservation is very spread out and isolated. According to the organization, numerous children travel 100 miles round trip to get anywhere. The needs statement also noted that the communities in the reservation are over 100 miles from the nearest Walmart or shopping center in Billings. This makes the Boys and Girls Club one of the few workable centers for extracurricular activities on the Reservation.

Speaking specifically of poverty, in Rosebud County (the County where the reservation is located), around 27% of all children live in Poverty, compared to 19% statewide. 11% of all births are to teens, compared to 7% statewide. In 2009, there was a survey of members of the club that listed the following data:

- 57% of members lived in Single Parent Homes
- 84% of members lived in HUD Homes
- 17% of Members lived with Grandparents
- 9% of Families live with Foster Families
- 50% of members live in Homes of 6-12 family members.

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While these numbers could be skewed towards more low-income members, the needs statement states that the Boys and Girls Club is “the only community entity on the reservation that provides facility-based after-school and summer programs designed to enhance academic performance, character development and promote healthy life choices.”

Statistics show that Parents and Grandparents are open to taking parenting classes. In a Best Beginnings Early Childhood Survey, (which 115 caregivers completed, although more grandparents (55) than parents (47)) indicated:

- 57% of caregivers have someone to call when having a problem with the child.
- 63% believe that their actions make “a lot of difference” regarding their child’s future success in school.
- 50% of parents prefer to meet with caseworkers in their homes. 34% prefer to meet elsewhere.

Livingston, MT

Community Health Partners/Learning Partners Family Center’s mission is to strengthen and support families in south central Montana. Services are aimed at enhancing and expanding services to meet the unique needs of families who began parenting as teenagers. The program offers Parents As Teachers home visits, Dialectical Behavioral Training, parent classes, parent support groups, early childhood education, primary health care access, and a family resource center.

CHP Needs Assessment: CHP proposes to provide prevention activities and programs for all parents regardless of ethnic, cultural, racial or economic backgrounds because child abuse and neglect happens in all segments of our community. Embedded in this approach, more intensive supports and services will be offered to families at high risk. Park County has a population of 782 children under the age of 5. CHP projects that we will serve 80 people during the next fiscal year: 15 families in the intensive Parents As Teachers home visiting program, 30 families through Open Gym and Loaves and Fishes, and 30 families through our Group Connections. We are not including numbers of families that will be reached via Facebook and newspaper articles.

Park County Stats:

- 20.8% of the population is under 20.
- 19% of all children in the county are below the poverty line.
- No Data on Teen Births, implied small number. (Value withheld due to low event count.)

Miles City, MT

Developmental Education Assistance Program (DEAP) provides family education, family preservation and support, childcare, health nutrition, home visiting, social activities, parent/child activities, respite care, parent leadership, resources and referrals, and residential services to families, children and adults. DEAP is a member of the Community Early Childhood Collaboration and provides the Parents As Teachers program and partners with Child & Family Services utilizing the Safe-Care model. DEAP holds a 6-week summer program for school age children with disabilities, which involves skill building, specialized services and community

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education, awareness and social/recreational experiences and provides evidenced based ABA services to children with autism and their families.

DEAP Needs Assessment: Montana's large geographical area is mostly rural/frontier with many areas of the state sparsely populated. Many areas of the State are connected by secondary, often gravel or dirt roads that are impassable at times during winter weather. However, Montana still has many people who live in these areas because of ranching and agricultural or just because of the natural lifestyle choice of Montana's people.

More people are moving in and out of Montana because of the oil and natural resource development in parts of the State and because of the economic conditions in many other states. Many of these families do not have natural supports/family in Montana and often do not understand Montana's resource and support services or know how to access them. Montana also has a growing population of grandparents raising grandchildren often because of the high rate of divorce, the increasing number of parents with mental health problems and incarcerations because of the growing drug use. More and more veterans are returning to Montana with increasing post- traumatic stress and/or serious brain injuries and physical injuries that affect their caregiving roles.

Parents are more challenged than ever with the basic survival needs often working 2 jobs to make ends meet, losing jobs because of industry changes or because of their poor social and employment skills. Parents, grandparents and other caregivers living in Montana are more and more challenged to meet their basic parental and caregiving demands.

Missoula, MT

The Parenting Place supports parents and families, especially in the form of parenting skills training and coping skills during times of stress or crisis. The Parenting Place provides the Nurturing Program parenting classes, Parent Aide Home Visitation, respite care, parent leadership opportunities, family events, and resources and referrals. The MT CTF funds The Parenting Place's services in Missoula County.

The Parenting Place Needs Assessment: As indicated by local statistics, there are far more families in our community that could benefit by utilizing the Respite Child Care Project. The number of charges filed in conjunction with child abuse and neglect in Missoula County are increasing every year, from 63 in 2011 to 122 in 2013 (2014 statistics are not yet available). In addition, the number of children in foster care increased 85% between 2011 and 2014. Reports of child abuse and neglect increased from 664 in FY 2013 to 776 in FY 2014, and in the first eight months of FY 2015, 417 reports have been filed. (Community Health Assessment, 2014, CFS, 2014). The most recent numbers indicate that 17% of Missoula children are living in poverty (Montana Kids Count, 2014), with nearly 50% of impoverished children living in deep poverty, which is half of the poverty level (Missoula Measures, 2010). Through this project and the Best Beginnings offering of an additional 3 hour respite slot, we hope to continue to increase awareness of this program and increase usage, thereby reducing the likelihood of abuse and neglect in those families we serve.

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[Healthy Start Missoula](#) was formed under the Missoula Forum for Children and Youth (The Forum) in the 1990s and became Missoula County's local BBCC in 2011. HSM currently has 13 executive council members and 23 general members. The MT CTF funding will be used to expand respite care at The Parenting Place in Missoula, to provide parent leadership workshops, build collective impact and to connect more at-risk families with appropriate supportive services.

Respite Child Care is an evidence-based child abuse prevention intervention that seeks to reduce parental stress, provide concrete support in times of need, and increase parental resilience. The Parenting Place is the only respite care agency in Missoula that does not require family participation in additional agency programs in order to receive child care respite services. This allows the Parenting Place to provide respite child care to clients from other HSM agencies without overwhelming the family with additional requirements and commitments. It also makes the agency attractive to families who are not yet comfortable using mental health services. Finally, the Parenting Place's enrollment process involves one-on-one communication with parents about the challenges they are facing, as well as the provision of accurate referrals to community resources. By funding an additional three-hour weekend respite shift at the Parenting Place, HSM will be able to provide expanded primary and secondary child abuse prevention, better support existing clients at all HSM agencies, attract parents who are not currently accessing services through HSM agencies, and strengthen HSM's inter-agency referral system.

Healthy Start Missoula Needs Assessment: The number of charges filed in conjunction with child abuse is increasing every year, from 63 in 2011 to 122 in 2013. The number of children in foster care increased 85% between 2011 and 2014. Reports of child abuse and neglect increased from 664 in FY 2013 to 776 in FY 2014, and in the first eight months of FY 2015, 417 reports have been filed. Family Stress has been shown to be a risk factor for child abuse and neglect. The most significant reason for children being removed from their homes is physical neglect, which ties to a family's inability to provide for the child's physical well-being because of poverty or incognizance. The most recent numbers indicate that 17% of Montana children are living in poverty, with nearly 50% of impoverished children living in deep poverty, which is half the poverty level. Healthy Start Missoula agencies report that many of their clients experiencing high levels of stress are unaware of the multitude of services offered by HSM agencies and are unable to access the Respite Care Services currently active in Missoula (4:00 PM-7:00 PM Monday-Thursday). This is consistent with studies on a national level, which indicate $\frac{3}{4}$ of American families had unmet respite needs. While children with disabilities are only one segment of the population who would benefit from expanded respite child care services, this number indicates barriers to access to preventative services are common. HSM proposes to implement an expanded respite child care program at the Parenting Place in order to reduce parental stress and prevent child abuse and neglect. This program includes opportunities for parent involvement, as well as an outreach campaign, which would direct parents to the HSM website for more information on respite care options.

Poplar, MT

[Roosevelt County and Fort Peck Tribes Best Beginnings Community Council](#) was established in 2012, working with [Fort Peck Tribes Health Promotion Disease Prevention Program](#) coordinating the community-wide effort for Fort Peck. The MT CTF is providing

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funding to support their continued effort in child abuse and neglect prevention by supporting the evidence based Parents As Teachers Home Visiting Program; providing additional training to service providers on recognizing and responding appropriately to signs of child abuse; promoting awareness month activities; creating a map of available services for homeless and at risk teens and coordinating a health fair to connect them to existing resources; and to assist in coordinating and growing the council.

Roosevelt County and Fort Peck Reservation Needs Assessment: Family violence and child abuse and neglect are all too common in our community. With 213 calls to law enforcement (54 substantiated) in 2014, the child abuse rate on the reservation is alarming. The rate of domestic violence (229 per 10,000 women aged 15-44) is also higher than the state average of 178. These activities directly threaten and impair the well-being of children and families. It is no surprise that, based on our assessment, the Roosevelt County and Fort Peck Tribes Best Beginnings Community Council prioritized "Parenting Skills and Support" as the number one priority for our work. In short, the statistics clearly indicate that Roosevelt County and the Fort Peck Reservation is an incredibly high risk area for child abuse. In fact, local leaders believe that Fort Peck is arguably the most high risk community in the state of Montana. Despite the severity of the threats to the health and well-being of children Fort Peck, there are a number of community resources that are being coordinated to protect our children and improve their health.

Thompson Falls, MT

Sunburst Community Service Foundation offers Circle of Security parenting classes and parent/child activities regionally. Sunburst also provides a Family Concepts Home Visitor Program. Sunburst expanded to include parent support groups.

Sunburst Needs Assessment: The communities we serve in western Montana are in counties with some of the highest unemployment in the state as well as daunting figures for teen pregnancy, substance abuse and children eligible for free and reduced school lunches. The needs in these communities have not lessened since we first began offering these courses. Recent changes in the oil industry mean more people who commute to S. Dakota are losing jobs. A mine recently shut down near Libby laying off 80 people in that community. Our communities continue to struggle with low-income parents who may not have the necessary skills to raise their children in a healthy environment. Often in conversations with colleagues who are on a Best Beginnings Council, run day care centers or work at schools, we know there are parents/caregivers who would benefit from this type of course that Sunburst is offering. Parents will attend a 16-hour Circle of Security course facilitated by Sunburst COS certified parent educators. Besides the learning that takes place during the classes, there will be suggested activities that the parents do outside of the course with their children. There will be efforts taken to help parents/caregivers form an informal support group outside of classes. There will also be social media used to share information and resources. Materials such as children's books and community resource information will be available to parents/caregiver throughout the duration of the course. Circle of Security is a recognized and respected program. This is an evidenced based program for parent education that has been used internationally since 1998. It has received positive evaluations from the California Evidence Based Clearinghouse and has had numerous studies conducted in a range of settings on its effectiveness. The Circle of Security model is well

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suited for the population of parents/caregivers we are targeting. As Sunburst staff has ample experience with this program using it with CPS clients, in community classes under the MCTF grant and in offering workshops to other agencies, we have the necessary skills and materials to apply it to its full potential.

THE MT CTF DEMONSTRATES EFFECTIVE DEVELOPMENT, OPERATION AND EXPANSION OF COMMUNITY-BASED AND PREVENTION-FOCUSED PROGRAMS AND ACTIVITIES THAT MEET THE REQUIREMENTS OF THE CBCAP PROGRAM.

The MT CTF contracted with all the programs listed in the above section for the 2015-2016 grant cycle. The MT CTF is a leader and voice for child abuse and neglect prevention programs statewide. The available funding was awarded for:

- A) Local Community-based Programs (\$15,000.00 maximum grant award); and
- B) Best Beginnings Community Coalitions (\$25,000 maximum grant award)

Per the MT CTF RFP: Grant funds from the MT CTF must be used solely for the purpose of primary and secondary child abuse and/or neglect prevention services to residents of Montana and may not be expended for treatment or tertiary prevention. Families shall not be mandated or placed into programs funded by the MT CTF. Funded services must be entirely voluntary in nature.

The statewide network established with the funding from CBCAP and State Special Revenue accounts have helped build a statewide prevention network throughout Montana. The network is balanced across the state, given the size of Montana and its rural nature. Each program is sensitive to the needs of the communities they serve and provide programs that seek to meet those needs and fill in where there are gaps in services to parents and families. Programs in rural areas have been innovative in finding ways to serve families in remote areas.

On the next page is a regional representation of the MT CTF funding and programs for the 2015-2016 grant cycle created by Melissa Lavinder, the MT CTF Program Specialist.

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**montana
CHILDREN'S TRUST
fund**

Nurturing Children, Supporting
Communities, Strengthening Families

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16 Prevention Grants \$225,000

- ◆ Community-Based Child Abuse Prevention (CBCAP) Federal Grants \$125,000
- ◆ State Special Fund Grants \$100,000

Grant Funding by Region

Fiscal Year 2016

(July 1, 2015 - June 30, 2016)

Since 2002, the **Children's Trust Fund** has allocated **over \$3 million** to **prevention programs** in **communities** throughout **Montana**.

North Western

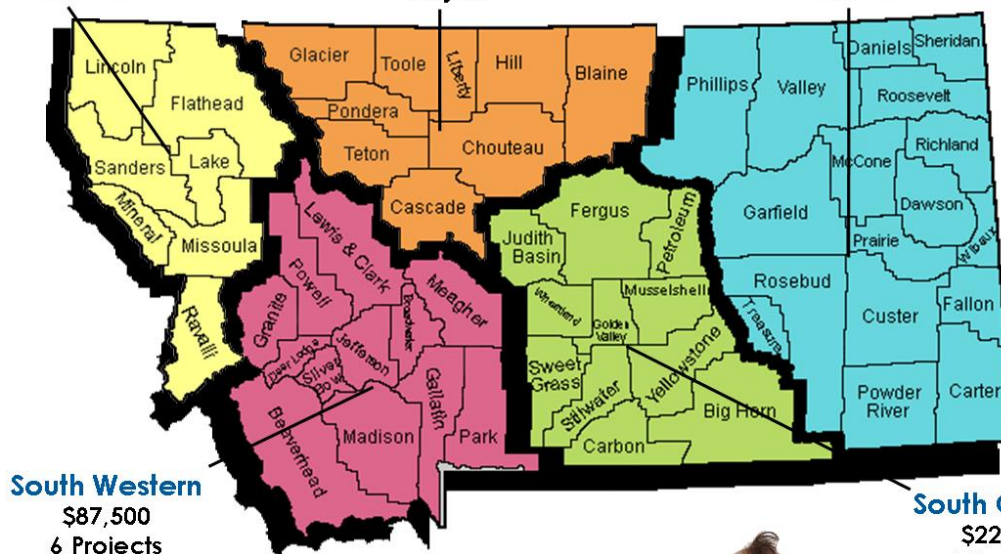
\$40,000
3 Projects

North Central

\$7,500
1 Project

Eastern

\$67,500
4 Projects



South Western

\$87,500
6 Projects

South Central

\$22,500
2 Projects



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Child Abuse and Neglect Prevention Grants Fiscal Year 2016

- State Special Fund Child Abuse & Neglect Prevention Grantees
- Community Based Child Abuse Prevention Program (CBCAP) Federal Fund Grantees

Total Funding Statewide \$225,000

North Western Region	\$40,000	South Central Region	\$22,500
The Parenting Place		Forever Families	
Missoula & Ravalli Counties		Yellowstone, Stillwater, Carbon, Sweet Grass, Big Horn, Fergus, & Musselshell Counties	
Respite Child Care	\$7,500	Foster & Post-adoptive Services	\$10,000
Sunburst Community Service Foundation		Family Support Network	
Lincoln, Lake, Flathead, Ravalli, & Sanders, Counties		Big Horn County	
Sunburst Parenting	\$7,500	Triple P - Positive Parenting Program	\$12,500
Healthy Start Missoula		South Western Region	\$87,500
Missoula County		Lewis & Clark Public Health	
Respite Child Care Expansion & Outreach	\$25,000	Lewis & Clark County	
North Central Region	\$7,500	Year Round Parenting from the Heart	\$7,500
Alliance for Youth, Inc.		Community Health Partners	
Cascade County		Park & Meagher Counties	
Circle of Security and Nurturing Parenting	\$7,500	Learning Partners	\$10,000
Eastern Region	\$67,500	Thrive	
The Nurturing Tree		Gallatin County	
Dawson County		Parents as Teachers Home Visiting (PAT)	\$10,000
Parent Resource Center	\$7,500	Women's Resource & Community Support Center	
Developmental Educational Assistance Program		Beaverhead & Madison Counties	
Custer County		Strengthening Rural Families	\$10,000
DEAP Socialization & Autism Disability Services	\$10,000	Butte Community Council, Butte 4-Cs	
Fort Peck Tribes & Roosevelt County BBCC*		Silver Bow County	
Fort Peck Reservation & Roosevelt County		Circle of Parents	\$25,000
Parents as Teachers Home Visiting (PAT)	\$25,000	Gallatin Early Childhood Community Coalition	
Boys & Girls Club of the Northern Cheyenne Nation BBCC		Gallatin County	
Northern Cheyenne Reservation		PAT, Incredible Years Program, Pyramid Model	\$25,000
Family Spirit Home Visiting	\$25,000		

*BBCC - Best Beginnings Community Council or Coalition

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DESCRIPTION OF THE NUMBER OF INDIVIDUALS AND FAMILIES SERVED:

The charts below reflect numbers provided by MT CTF grantees through their quarterly and final reports for contract dates July 1, 2015 through June 30, 2016. The first set of charts gives CBCAP funded numbers and the second set of charts gives numbers from total funding including CBCAP. "Individuals with disabilities" has been broken out into a separate category but have also been included in the final totals. Except as indicated by "unduplicated", numbers may include the same person(s) being served multiple times, which does not include community awareness numbers. Numbers may be lower than in previous grant cycles because the MT CTF shifted the funding strategy to focus on systemic change and collective impact. In addition, the MT CTF changed the reporting process, which in turn caused some of our grantees to change tracking strategies.

CBCAP NUMBERS:

JULY 1, 2015 THROUGH JUNE 30, 2016

	CHILDREN	ADULT	TOTALS
PARENTING EDUCATION	16	131	147
HOME VISITING	30	33	63
ANTI-VICTIMIZATION/SAFETY	16	20	36
COMMUNITY AWARENESS	373	12327	12700
PARENT/CHILD ACTIVITY	3372	1591	4963
RESPITE CARE	82	75	157
PARENT LEADERSHIP	16	49	65
RESOURCE AND REFERRALS	77	104	181
FRC/GENERAL/MENTORING	16	21	37
TOTALS SERVED	3998	14351	18349
INDIVIDUALS W/DISABILITIES	57	15	72

	Children	Adults	Total
Participants in Direct Services *	3625	2024	5649
Participants who received public awareness/education*	373	12327	12700
Total	3998	14351	18349

	Individuals with Disabilities***	Families*	Military**	Military F
Participants in Direct Services *	72	83	1	

**Veterans/Active Duty Military Members & Family Members

***Could be duplicated

*Participants with disabilities are included

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CBCAP Unduplicated Numbers

	Children	Adults	Total
Participants in Direct Services*	119	269	388

*Participants with disabilities are included

ALL FUNDING STREAMS INCLUDING CBCAP

JULY 1, 2015 THROUGH JUNE 30, 2016

REFERENCE QUARTERLY REPORTS

	CHILDREN	ADULT	TOTALS
PARENTING EDUCATION	386	623	1009
HOME VISITING	170	185	355
ANTI-VICTIMIZATION/SAFETY	76	1044	1120
COMMUNITY AWARENESS	2092	42613	44705
PARENT/CHILD ACTIVITY	5087	2834	7921
RESPIRE CARE	254	260	514
PARENT LEADERSHIP	547	719	1266
RESOURCE AND REFERRALS	191	1698	1889
FRC/GENERAL/MENTORING	328	285	613
TOTALS SERVED	9131	50261	59392
INDIVIDUALS W/DISABILITIES	803	139	942

	Children	Adults	Total
Participants in Direct Services	7039	7648	14687
Participants who received public awareness/education	2092	42613	44705
Total	9131	50261	59392

	Individuals with Disabilities	Families	Veterans/Active Duty Members	Veterans/Active Duty Family
Participants in Direct Services	170	1252	18	27

All Funding Sources Unduplicated Numbers

	Children	Adults	Total
Participants in Direct Services	1986	1958	3944

5. OUTREACH ACTIVITIES FOR SPECIAL POPULATIONS

The MT CTF strives to include outreach for underserved populations ("special populations") and cultural competency in all efforts and in all areas of funding. We hosted an Outreach to Underserved Populations Panel during the 2015 Grantees Meeting. The panel brought four individuals and organizations to present on their efforts and experiences working with underserved populations. Each of the panelists explained their work and then grantees were able to ask follow up questions. The list of panelists can be found in Section 7: TRAINING, TECHNICAL ASSISTANCE AND EVALUATION ASSISTANCE starting on **page 70**.

A copy of the 2013-2014 RFP (used to initially fund 2015-2016 local community-based program grantees), the 2015-2016 RFP (used to initially fund 2015-2016 Best Beginnings Community Coalition grantees), the 2016-2017 Request For Renewal (RFR), and the 2016-2017 RFP (used to determine funding for 2016-2017 local community-based program grantees) are **attached**.

Programs are mandated to include a section on outreach. The **Outreach** section reads:

3.5.2 Public Awareness. Include Public Awareness as one of the goals and show through the objectives how the program intends to carry out activities at the community level to promote funded program services and the MT CTF.

3.5.3 Child Abuse Prevention Month. Describe the activities the program will coordinate or participate in observance of April as Child Abuse Prevention Month. Public information activities that focus on the healthy, positive development of parents and children along with the promotion of child abuse and neglect prevention activities may be included.

3.5.4 Developing a continuum of services for unaccompanied homeless youth and those at risk for being homeless. Describe how your program will work to serve this diverse population.

3.5.5 Parental involvement in program planning and evaluation. Describe how your program will accomplish Meaningful Parent Leadership.

4.5 Developing a continuum of services for underserved populations. Provide a brief narrative on how your program will work to serve underserved populations listed as the target population in the RFP Description or how your program will collaborate in your community to help address issues related to the respective target population.

QUALIFICATIONS: All local, non-profit agencies and community-based organizations that provide primary and secondary prevention services may apply for grants. The most effective way to meet the challenge of preventing child abuse and neglect is for all programs, both public and private, to work together in partnership with families and other disciplines such as social services, health and mental health, child care, respite care programs, early childhood, education, law enforcement, faith-based organizations (FBO) and other community-based organizations, fatherhood and healthy marriage programs, and other appropriate advocacy groups in the community and the faith-based community.

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The MT CTF follows the mandates set forth in the reauthorization of the CAPTA, Title II. The MT CTF states the purposes of the CBCAP program are:

- 1) To support community-based efforts to develop, operate, expand, and enhance and, where appropriate, to network, initiatives aimed at the prevention of child abuse and neglect;
- 2) To support networks of coordinated resources and activities to better strengthen and support families to reduce the likelihood of child abuse and neglect; and
- 3) To foster understanding, appreciation and knowledge of diverse populations in order to effectively prevent and treat child abuse and neglect.
- 4) To have programs involve parents in program planning and implementation; and
- 5) Include among support programs substance abuse treatment services and domestic violence victims.

Also in the RFP is a section on Evaluation. The Section reads:

Evaluation: The evaluation serves as a guide for monitoring and modifying program activities.

3.7.1 Measurements. Explain the measurements of the proposed objectives to determine effectiveness and efficiency.

- a. Include a description of the proposed collected data.
- b. Include a description of the number of the potential individuals and families served.
- c. Where applicable include:
 - i. Families of children with disabilities.
 - ii. Parents with disabilities.
 - iii. Involvement of a diverse representation of families in the design, operation and evaluation of your program.
 - iv. Unaccompanied homeless youth or homeless families.
 - v. Former adult victims of domestic violence and/or child abuse or neglect.
 - vi. Include examples of evaluation tools utilized.

EXAMPLES DESCRIBING OUTREACH EFFORTS TO UNDERSERVED POPULATIONS-FROM 2015-2016 FUNDED PROGRAMS:

Alliance for Youth

AFY continued outreach within the mental health community providers regarding the programs, both in-person and on social networking sites. Staff attended meetings for Great Falls Early Childhood Coalition COS-P Subcommittee to collaborate on services. Communicated with Great Falls Public Schools and sent flyers to be distributed during the Principals' meeting. We continued communication with Child and Family Services to inform new staff about the program and referral processes. We completed an interview with Great Falls Tribune for an article that was printed 12/23/15 titled "Class Give Parents Tools to Prevent Child Abuse". To view, click this link <http://www.greatfalls Tribune.com/story/news/local/2015/12/23/classes-give-parents-tools-prevent-child-abuse/77836976/>. Mentioned COS-P and NP in an announcement letter sent to local pediatricians, school principals, and school counselors via mail. Presented NP and COS-P at Youth Court Services to Juvenile Probation Officers to communicate ways in which the programs could help their currently involved youth and those at-risk of probation involvement.

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Communicated with local mental health agency Aware regarding both COS-P and NP for parents of children with mental health issues.

Boys & Girls Club of the Northern Cheyenne Nation

During the year, I gave out referral cards that look like post cards and did a presentation to the Indian Health Service unit in Lame Deer. The whole staff was present to hear about the Family Spirit program. I showed them the card, and gave them to the pediatric department and to the public health nurses. The Indian Health Service Director is well aware of the program, and supports my program by letting me stop by frequently to check in with nursing staff to pick up referral cards. I also teamed up with the Northern Cheyenne Child Care program, which we will partner to have an event for teens and young mothers going back to school. Another great partner is the Montana Medicaid program, the representative checks in with the Family Spirit program and is on the Best Beginnings Community Coalition now. I have reached out to community programs for support in recruiting and seeking out resources for emergencies situations.

I joined the Child's Protection Team through the BIA Social Services, and Indian Health Service Pediatrician, Child psychologist, and the Juvenile Prosecutor. The team meets once a month to discuss children in need and to create a plan or follow up to children in foster or being concerned. Also the same members are on the Best Beginnings Coalition, and we discuss what services are within the community to help assist the child or mother in need.

Butte Community Council

The BCC Coordinator attends the monthly meetings for the Caring for Our Homeless Community group. She shares information with the BCC members about upcoming issues and activities. The BCC participated in an event called Project Service Connect in January 2016. Individuals had the opportunity to connect with important services in our community such as child care, child services, housing, food cards, gas cards, SNAP, coats, shoes, mental health services, medical checks, hair cutting, and grooming services. The group is in the process of planning the second annual event for January 2017.

BCC members participated in the Mission Possible event sponsored by Butte Cares. The event was held in honor of National Prevention Month and Red Ribbon Week. The event partnered with local agencies to promote awareness of healthy choices through fun interactive activities for the entire family. It was free and held at the Butte Plaza Mall. The BCC had a drawing for children, teens, parents, and early childhood professionals. Our prizes included Conscious Discipline materials, books, games, educational toys, etc. We had over 120 individuals visit our booth and get information on the BCC.

The BCC participated in an event called Project Service Connect in January 2016. Individuals had the opportunity to connect with important services in our community such as child care, child services, housing, food cards, gas cards, SNAP, coats, shoes, mental health services, medical checks, hair cutting, and grooming services.

Community Health Partners

Community Health Partners served 5 new families during this funding year in addition to the 8 families that we carried over from the previous year (totaling 12 families). Being housed in a Federally Qualified Health Center has provided a wealth of in-house referrals. Patients often confide in their medical providers about their struggles and challenges of parenting. Providers

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walk these families right down the hall to our office for a “warm hand off” to a friendly, caring home visitor. Home visitors have also taught parenting classes and been involved hospital sponsored birthing classes and lactation support groups. Four of the five new families that were added to our caseload this year joined the program either prenatally or at birth.

Dawson County Health Department

The wide group of collaborative community partners allows The Nurturing Tree to give and receive resources and referrals from various agencies in the county. We work closely with Dawson County Health Department and receive referrals from them on a regular basis. Since Parents as Teachers home visiting program has continuing interaction with at risk families, were are able to pull families into our programs through their visits. This allows the at-risk families they work with to attend programs such as parent/child groups, parenting classes and community events that strengthen the five protective factors, building strong families and safe communities.

Also, some of the weekly events that we offer are flexible enough that we can make adjustments to easily serve families/individuals with special needs. These slight variations go unnoticed to consumers, but can make an inviting and positive experience for those with special needs. This is done intentionally to increase the probability that the family/individual will return to our programs and use other resources that we offer.

Family Support Network

The Triple P – Positive Parenting Program project addresses families who are at-risk for abusing and neglecting their children based on factors such as poverty, inadequate housing, social isolation, low education level, domestic, substance, physical or sexual abuse, serious emotional or mental health issues, poor parenting and prenatal risk factors. These classes were offered to any parent/caregiver in the community who wanted to attend. As stated above, the families in this community are more likely to be at-risk due to the high rates of poverty and substance abuse. Weekly Parenting Classes, two Family Fun Community Events and the April Child Abuse Prevention Event were advertised in the Big Horn Briefs and on flyers hung throughout the communities of Crow Agency, Wyola and Hardin. Flyers were posted at the hospital, public health nurse areas, Post Office, tribal administrative office building, HRDC, schools and other community locales. Many new participants heard about classes from a family member or a friend who had attended previously. Additionally, the Parent Education Coordinator is always talking about the class to others and frequently invites participants from the community. The Parenting Classes were also utilized to promote to the communities activities provided by FSN and MT-CTF. Additionally, two guest speakers from the Crow Tribe were well received at the April Event in recognition of April Awareness and the prevention of child abuse and neglect.

Fort Peck Tribes & Roosevelt County Best Beginnings Community Council

Majority, if not all of the population on our reservation could be considered underserved. Majority of the population on and around the reservation are Native American and many are homeless, suffering from the effects of substance abuse, grandparents raising grandchildren, teen parents, and the list goes on as one of the highest risk areas in our state. The type of outreach provided was activity based which provided positive recreational outlets and also provided an opportunity for young people and families to find positive identities whether it was culturally or familial related. We partner with schools and agencies that can provide assistance and outreach/awareness to get target populations to attend our cultural events and activities.

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Gallatin Early Childhood Community Council

To support the homeless youth and family services in the Gallatin Valley, ECCC continued to serve as a member of the Greater Gallatin Homeless Action Committee. The committee convenes stakeholders passionate about eliminating homelessness in our area. Over the past year a community resource map was created and distributed to those at risk of homelessness to ensure they have access to the many community resources available to them. The Committee continues to meet to discuss ways partners can collaborate together to support this population in our area.

Gallatin ECCC also continued to collaborate with Bozeman Public Schools (BPS) and the Human Resource Development Council (HRDC), both members of ECCC's Leadership Council, to support their homeless youth initiatives. Several representatives from Bozeman Public Schools' Homeless Youth Education Program are members of the Resilience Project and provided their thoughts and expertise on the design of the Resilience Conference to ensure it helped address important aspects of serving homeless youth in the Gallatin Valley. ECCC continued to work closely with BPS on their School and Family Engagement – Trauma Informed (SAFE-TI) grant. BPS's grant coordinator presented with her team at the Resilience Conference to professionals working with K – 12 youth which included aspects of serving and supporting youth who were homeless or at risk of becoming homeless.

Gallatin ECCC's work encompasses all children and families in the greater Gallatin area with a focus on those with lower incomes and children ages 0-8 and their families. ECCC leverages its partners to access families in underserved populations to encourage them to attend ECCC events and activities. ECCC also works the other way to better support and inform the practices of our partners to help them better serve these populations.

A local Child and Family Services supervisor is a member of ECCC's Leadership Council and she provided updates and information to the Council on current trends and happenings in the Child Protective Services realm. Many of the families she works with are from underserved populations. The Council uses this information to stay in touch the challenges facing Child and Family Services and the families they serve. The Council uses this knowledge to better inform ECCC's prevention activities to ensure they stay relevant and are effective.

Project LAUNCH continues to focus its work on lower income and underserved populations in both Gallatin and Park Counties. Park County provides a unique opportunity to build a system of support in a rural Montana county to ensure children and families receive the social and emotional supports they need. The progress and advancements made in Park County inform ECCC's work in Gallatin County which also has many rural towns and cities facing the same challenges as those in Park County.

Healthy Start Missoula

Respite postcards were distributed to organizations attending an At-Risk Housing Coalition (ARHC) meeting. All of these organizations work with homeless individuals, including homeless families with children as well as unaccompanied homeless youth. A presentation was also made to participants of the ARHC Case Manager's Round Table about the Adverse Childhood Experience Training and Darkness to Light child sexual abuse prevention training that are available free of charge to participants. An ACE Training was provided to Early Head Start staff because of this presentation.

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Our underserved populations include families who have been impacted by incarceration, and because we are now teaching classes in the Missoula County Detention facility we have enrolled several new families in an effort to support these children more comprehensively.

Lewis & Clark City-County Health Department

***Racial and ethnic minorities:**

We as an agency have a long history of trust in the community we serve because we demonstrate inclusiveness. We have a reputation for being non-judgmental and applying cross cultural research based attachment information. We teach and support parents, not racial or ethnic minorities and at the same time we honor diversity. We have been invited to Native American cultural events due to the acceptance native parents feel in our classes. We teach prejudice and discrimination are learned and we teach tolerance to our cultural differences. This mission and walking the talk is communicated to our parenting community, Judges, County Attorneys, Defense Attorneys, CASA's, CPS, therapists, probation and parole, domestic violence workers, and employers.

*** Children and adults with disabilities:**

We work with the highest need populations in our community and we include them in our COMMUNITY classes – not special classes. We provide special home visits for those with difficulties.

*** Homeless families and those at risk of homelessness:**

Homeless family's first stop for help is the Public Health Dept. We employ Maslow's needs approach in every area. We are experts at assisting families meet core needs so they may be able to engage in family enrichment services later. Whether the issue is poverty, healthcare, addictions, trauma, or criminal justice issues, we work to assist parents to stabilize. We are the hub of the Helena community for these referrals. Again we include them in our COMMUNITY classes where they might meet the county attorney or a working family.

*** Adult former victims of child abuse and neglect or domestic violence:**

We have taken the lead in our community to accept, use, and disseminate the ACE study and its principles. We acknowledge that every family wants post-traumatic healing. ACE is taught in our classes and parents are referred for appropriate services when it is discovered that their childhood trauma foot print is causing health problems for them and their families

*** Members of other underserved or underrepresented groups (i.e., Fathers):**

Our classes have gone from predominantly mothers to at least 50/50 gender attendance. Our last fall class was overwhelmingly fathers. Fathers now know we are father friendly. The word has gotten out.

Sunburst Community Service Foundation

The target population for services under this grant, since the first year, has consistently been at-risk parent, who by their very circumstances are often underserved. Many factors may contribute to whether someone is considered at risk. For this Sunburst program, this included young and/or new parents, low-income parents and those with limited support systems. A significant portion of the outreach efforts focused on providing referral information to agencies and organizations

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which serve those populations including but not limited to Best Beginnings Councils, County Health Departments, Child and Family Services (for those families without a finding but working on a voluntary basis), domestic violence programs, WIC, Job Services and other service providers such as mental health. Local Churches were also provided information and flyers; these were also distributed around the various communities in high-traffic areas such as libraries, grocery stores, thrift shops, laundromats and other businesses.

Thrive

The target population for this project is the parents of Gallatin County, Montana. Services are available and marketed to all local families. That being said, in order to have the greatest impact, the Parent Place PAT intake process gives priority to parents facing one or more risk factors for child abuse and neglect. Through our monthly involvement with the ECCC, we coordinate outreach for our services with groups that serve children with disabilities, including Family Outreach, Head Start, Youth Dynamics, and Aware.

This last six months, we focused efforts on reaching out to more rural, underserved communities in our region. With the help of a federal LAUNCH grant this spring we offered a new curriculum, Attentive Parenting, in Belgrade and our currently doing outreach to offer this series in Three Forks in the fall. We attended Belgrade's Kindergarten registration, are providing activities at HRDC's free summer lunch program in Belgrade and working with the Belgrade schools we were able to extend our their Gym Days from 45 minutes to an hour.

Women's Resource/Community Support Center

In order to serve our clients to the best of our ability, the Resource Center works to ensure that all programs are inclusive and relevant. Furthermore, the Resource Center thoroughly trains all staff members and volunteers, addressing special needs populations and teaching cultural competence. Outreach to special populations was and is completed in a variety of ways. First and foremost, the Resource center coordinated with several agencies within the community (medical professionals, office of public assistance, migrant council, churches, ect) to ensure that others were not only aware of our program but had a thorough understanding of what services were provided and why such services may be beneficial to the clientele served within their agency. To ensure that minority groups could be served, the Resource Center secured an agreement with the migrant council, guaranteeing that an interpreter would be available if and when needed. Those with disabilities were provided with accommodations if needed. All social gatherings allowed participants to interact with one another and were organized to specifically include individuals of all ages, ethnicities, socio-economic status, gender, ability, and marital status. According to our database, the Resource Center provided services to 482 underserved individuals throughout the year. This may not be unique individuals as many of our clients are underserved in more than one area.

The MT CTF created and uploaded resource guides for all 56 of Montana's counties. This guide includes national, state, and local resources for special populations and well as many other resources. Due to the rural and frontier nature of Montana, it is a challenge in many small communities to direct people to services. Often services pop up overnight, and the communities can only sustain them for a short time.

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The resource guides provide contact information for:

- Employment, Education, and Training;
- Emergency Services and Basic Needs;
- Family Support;
- Health, Disability, and Aging Services;
- Housing;
- Legal Services;
- Transportation; and
- Veterans.

The MT CTF has given presentations about our work to civic organizations, including the Helena Exchange Club and Kiwanis, to raise community awareness. There has already been a conversation with the Helena Exchange Club about a major collaborative effort to raise awareness. It is in the beginning stages, but they are potentially interested in providing financial support to do a statewide push for Child Abuse and Neglect Prevention Month and perhaps year round.

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6. PARENT LEADERSHIP AND INVOLVEMENT

The MT CTF Board and staff emphasized the importance of collaborations and partnerships that offer comprehensive support for parents. Collaborations offer opportunities to increase family stability, improve family access to formal and informal resources and opportunities for assistance available within communities, and support the additional needs of families with children with disabilities through respite care and other services. Collaborations also help to improve the inclusion of parents of children with disabilities, parents with disabilities, racial and ethnic minorities, and members of under-represented and underserved groups; and provide referrals to early health and developmental services.

Each member of the MT CTF Board is a parent and/or grandparent and fully understands their role in Montana's lead agency to prevent child abuse and neglect. They have overseen all MT CTF planning, decision making, and evaluations. Throughout the year and at quarterly board meetings, the board continuously adapted their strategic planning to the needs of Montana. Looking forward to a bright future for all Montana children and their families, they worked diligently in their own communities to raise awareness and implement programs. They reviewed reports from our grantees to ensure implementation of funded programs was going well and offered feedback and assistance as needed. Finally, they evaluated proposals for funding to ensure that the MT CTF funds programs that meet the needs of those in need that are also geographically diverse.

The MT CTF sought advice from other parent leaders to give direction on strategies and evaluations. The goal is to insure that we hear a broad range of parent voices to ensure they are following through on what is going to make the most difference to their children's lives, build protective factors, and decrease risk factors in our state, communities, and at home.

Per the MT CTF RFP: "Programs must also demonstrate a meaningful commitment to parent leadership, including parents of children with disabilities, parents with disabilities, and racial and ethnic minorities, and to foster an understanding, appreciation, and knowledge of diverse populations and/or cultural competent practices in order to be effective in preventing and treating child abuse and neglect."

3.5.5 Parental involvement in program planning and evaluation. Describe how your program will accomplish Meaningful Parent Leadership. Parent Leadership occurs when parents address the challenges of parenting, gain the knowledge and skills to function in meaningful leadership roles and represent a "parent voice" to help shape the direction of their families, programs and communities. Shared Leadership is successfully achieved when Parents Leaders and professionals build effective partnerships and share responsibility, expertise and leadership in decisions being made that affect families and communities.

Funded programs submitted required Quarterly Reports. On the Quarterly reports, programs reported on:

PARENT/CONSUMER INVOLVEMENT/VOLUNTEERS

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A. Indicate how your program encourages parent/consumer/volunteer participation. Include a description of how the parent/consumer(s) participate in the design, implementation, administration and evaluation of your program and note any changes made to the program as direct result of parents'/consumers' feedback.

OTHER REQUIREMENTS:

The Montana Children's Trust Fund Program holds an Annual Grantees Meeting, usually in the fall. All funded programs must attend this 2-day mandatory training. A Parent Leader may be one of the Program Representatives and is encouraged.

During the Annual MT CTF Grantees meeting, funded programs were given an opportunity to share their stories and experiences with parent leadership. Additionally, there was a Parent Cafe workshop at the 2015 Annual Grantees Meeting for encouraging parent leadership, parent involvement, and parent networks. Each year the MT CTF provides educational resources to grantees to increase the meaningful parental participation in their programs.

Each funded program must provide names and descriptions of the Advisory Boards associated with their programs and provide information regarding Parent Leaders. The MT CTF demonstrated the capacity to ensure the meaningful involvement of parents who are consumers and who can provide leadership in the planning, implementation, and evaluation of programs and policy decisions of the lead agency in achieving the outcome of the funded programs.

Most of the funded programs have, had and/or are working towards building Parent Advisory Councils. There are unique challenges to engaging parents. Many of our grantees have found that going the extra mile to meet and engage parent at meetings, events or activities they (parents) regularly participate in, is the best approach. Once a meaningful connection is made and parents show interest they further engage them to their comfort level. This effort sometimes takes years and while the outcomes can be very beneficial; the efforts can sometimes lead to frustration as parents can have hectic lives and due to many factors may choose not to continue participation. Even though this is the case we do still see amazing parental involvement in our state.

PARENT LEADERSHIP EXAMPLES REPORTED BY GRANTEEES 2015-2016

Butte Community Council

Parent leaders and facilitators were trained in the Circle of Parents. The two-day intensive training provided valuable information for the parents leading the group. It allowed them to get to know each other, plan upcoming meetings, and practice engaging activities and scenarios that may be used in the program. Active parents in the Circle of Parents group have been reaching out to other parents to join the group. Word of mouth from parent to parent has been very successful for us.

Developmental Education Assistance Program (DEAP)

Parents were actively involved in all the autism interventions and work on the behaviors targeted in the individualized family service plans in their home and community activities. Parents review assessment information and along with other team members prioritize the skills and behaviors they feel are most essential to complete during the intervention and/or the social/recreational

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community activities. Parents help plan and facilitate the group socialization activities as well as generalizing and maintaining social skills and behaviors in the natural home routines.

Family Support Network

Percelia Buffalo Bull Tail served as a Parent Leader/Liaison in both Crow Agency and Wyola. Percelia assisted with teaching the classes, particularly by providing examples that made them more culturally relevant. She also assisted in leading the family activities, distributing handouts/surveys as well as organization of the paperwork involved. Percelia brought a presence that allowed the participants to be open and willing to talk about their family issues during discussion time. Percelia was also very instrumental in the oversight of flyer distribution in Crow Agency. Flyers were posted at the hospital, public health nurse areas, Post Office, tribal administrative office building, HRDC, schools and other community locales. Additionally, Percelia promoted the classes in her communication with others in the community and encouraged participation. She was instrumental in arranging for the speakers for the April Event.

Gallatin Early Childhood Community Council

Two parent representatives were added to the ECCC Leadership Council this past year. Both parents were from outside of Bozeman – one coming from Belgrade and the other from the rural town of Willow Creek – which brought to the Council a unique perspective on the challenges families outside of Bozeman face. In addition, one of the parents is in a low-income household and has a child with special needs. Her insight into the challenges and hardship she faces provided valuable information to the Council and helped better inform the group's decision-making process. The addition of these two parent representatives to ECCC's Leadership Council was a major accomplishment and the Council is very pleased to have them onboard.

Healthy Start Missoula

In the first quarter of the grant, parent focus groups were run to identify the best time for the respite child care, as well as the most effective language and images for the outreach materials. Three focus groups were conducted: one with mothers attending a parenting class at WORD (Healthy Start Member organization), and two with parents currently using the respite program. Parents utilizing services at Missoula Early Head Start completed surveys with similar questions to those asked in the focus groups. All responses were compiled to create the final respite schedule and outreach materials.

Lewis & Clark City-County Health Department

Every group has the opportunity for leadership, bringing food and or treats to the kids or the adults to more active leadership roles such as leading discussion, conducting paperwork, developing group rules, helping set up and cleanup, organizing rupture and repair sessions, and broadcasting on Facebook.

Sunburst Community Service Foundation

Parents – and other caregivers – have been encouraged to take on leadership roles in various ways across the different sites. In one of the COS class sessions, one of the participants became the Parent Greeter. In another class, a similar role was undertaken by a parent who oversaw the sign-in process before class started. In some instances, the participants took on the job of

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determining the refreshments for the following week and there were other cases in which parent leaders ensured that leftovers were packed up so that participants could take them home. Part of the COS curriculum includes a review of concepts at the start of each class that were introduced at the previous one. The COS Educators encouraged parents to take responsibility for facilitating this process. In one class, there were three caretakers dealing with special needs children. These people became proactive in identifying the kinds of support they need, formed a group and have been looking into trainings and speakers to address their specific needs.

Thrive

Forming and finding a time when the Parent Advisory Committee can all come together continues to be a challenge. We have found that one of the most effective method for collecting input on parents' needs and interests, gathering ideas for program and outreach improvements, and finding individuals who can take on leadership (like helping lead a group) is talking regularly with parents during or after groups or visits. Being interested in hearing this one-on-one input, helps us connect with a broad cross section of families and ensures that our services are tailored to meet the needs of the parents we serve. From efforts like these, for example, we gathered feedback allowing us to launch our successful Summer Fun program, in response to the needs of parents.

In addition, this spring we conducted an online survey of our young/teen parents who take part in our Fabulous Family activities. This ended up being an effective way to collect evaluation data, as well as to gather feedback to help enhance our Fabulous Families offerings and to identify parents who may be interested in helping lead a group in the future. Families without limited access to the internet were giving the opportunity to fill out a paper evaluation or use their home visitors' cell phone to complete the survey. This evaluation method allowed us to gather information from a broader array of parents, including those who do not regularly attend Fabulous Families groups – to find out how to make the groups more interesting and accessible to them.

Women's Resource/Community Support Center

While participation in the formalized parenting aspects of the "Strengthening Rural Families" program may naturally result in parent leadership opportunities, specific efforts were made to foster parent leadership. Caregivers demonstrated leadership as they worked to develop support systems, gain and share knowledge and facilitate parent/child activities. Due to the individual nature of this program, each family was responsible for identifying areas in which protective factors may be strengthened; this allowed parents/caregivers to be the expert in his or her life and requires leadership on many levels. This is congruent with the Resource Center's mission to empower families. As individuals are empowered, they seemed to express a sense of ownership in the "Strengthening Rural Families" program and often provided feedback related to program policy and activities. Interestingly, several parents expressed interest and became involved with the Beaverhead County ACE Task Force.

7. TRAINING, TECHNICAL ASSISTANCE AND EVALUATION ASSISTANCE ACTIVITIES

The Montana Children's Trust Fund works to shape the direction of prevention in Montana through providing support, training, and technical assistance to/with our grantees, partners, board and staff. In addition to the **ongoing** capacity building, technical assistance and support provided to the funded programs by the MT CTF staff; we require quarterly reporting to show how programs are faring throughout the year. This gives the staff and board the opportunity to review the grantees work, ensure they are meeting their projected service outcomes, and provide them with any further technical assistance or capacity building as appropriate. Site visits are performed at least one time per year or more as needed by CTF staff and board members. This provides a further opportunity for evaluation and a hands-on assessment of programs; giving us an opportunity to talk through any issues, challenges, successes, and opportunities for sustainability, increased positive outcomes, etc.

In the last 4 years, in conjunction with FRIENDS NRC, the MT CTF has focused more on measurable results and outcomes. CTF streamlined the reporting template for the grantees and also worked with FRIENDS to utilize a more concise form to input and report both quantitative and qualitative data. The new template did result in an increase of support for the funded programs as they honed in the information they were collecting and determined how we wanted them to report.

The CTF's ongoing communications, site visits, annual meetings, calls, email and workshops with grantees give us the opportunity to better hone our skills, techniques and approaches to projecting, collecting, measuring our services and outcomes.

Each year we include evaluation workshops, training, and resources at our Annual Grantees Meeting. This helps facilitate continued learning opportunities in a group setting; addressing concerns, sharing successes, strengths and weaknesses of approaches and more.

Past trainings followed the parameters of:

- ✓ evaluation and data management;
- ✓ capacity building and sustainability;
- ✓ promoting protective factors and reducing risk factors;
- ✓ prevention programs and family support;
- ✓ fiscal leveraging, braiding and blending funding streams;
- ✓ marketing, messaging and public awareness;
- ✓ cultural competence, disproportionality;
- ✓ collaboration and partnerships for prevention;
- ✓ research on prevention and child maltreatment;
- ✓ evidence-based and evidence-informed programs and practices;
- ✓ home visiting;
- ✓ program monitoring and continuous quality improvement;
- ✓ grant reporting requirements; and

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- ✓ bonding and attachment; resiliency; infant mental health; parent leadership; early child development; positive youth development; community and state resources; August reporting; centralized intake procedures; and peer review process.

MT ANNUAL GRANTEES' MEETING-Per the MT CTF RFR states:

1.5.9 Mandated Annual Grantees' Meeting. All funded programs must attend a 2-day mandatory training in Helena, MT. Associated travel costs will be paid by the MT CTF (Community-Based Child Abuse Prevention) funds. Two representatives from each site, directly associated with the funded activities, will receive travel reimbursement to the meeting. A Parent Leader is encouraged to attend.

The MT CTF Annual Grantees Meeting is a time for all funded programs to network, to learn specific requirements, and receive training specific to child abuse prevention and CBCAP mandates.

At the meeting we provide a range of trainings for building protective factors, decreasing risk factors, strengthening families, parent leadership development, strategic partnerships, database management, organizational capacity building, and nonprofit management.

MT CTF Annual Grantee Meeting/Training Presentation Synopses 2016

- **Bridge to Benefits presented by Kristina Davis, CTF Board Member and Jennifer Lehman, Rural Dynamics**
Bridge to Benefits is a free on-line screening tool available to you and organizations to help families access services. 10 simple questions will tell you what programs your clients may qualify for and live links will provide the printable forms so that you can quickly aid them in their applications. Agencies also receive a monthly report to use in your reports and grant requests, showing how many families you have assisted and for which services. Bring your computers and laptops for this hands-on demonstration of BRIDGE TO BENEFITS.
- **Program Sharing, CTF Grantees**
The majority of first day of our annual grantees meeting was spent on program sharing. Each of the twelve grantees that were present at the meeting had twenty minutes to formally present the work they are doing. There was also time for other grantees to ask questions. We received very positive feedback about this session. The grantees found this session extremely helpful for ideas, networking, and overall awareness of what is going on in our state.
- **Logic Model presented by Edi Winkle & Casandra Firman, FRIENDS NRC**
Through presentation, discussion, and practical activities, FRIENDS TA Coordinators Casandra Firman and Edi Winkle assisted prevention program staff as they planned for effective implementation of their programs.
- **Implementation Science presented by Edi Winkle & Casandra Firman, FRIENDS NRC**
Through presentation, discussion, and practical activities, FRIENDS TA Coordinators Casandra Firman and Edi Winkle assisted prevention program staff as they planned for effective implementation of their programs.
- **Collective Impact in Montana presented by Deb Halliday & Laurie Bishop, OPI**
Expanding opportunities for early learning is something that communities across Montana

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are striving to do, as research shows how important the early years are for learning and growth. Montana communities are expanding the conversation to include unusual community partners, looking at their data, sharing effective practices and celebrating their successes at this hands-on presentation. Recent research and practice on collective impact will be explored. Examples were drawn from the Preschool Matters communities of Anaconda, Great Falls, Hardin and Crow Agency.

➤ **Qigong Self Care Training Presented by Leslie Smith, 50 Minute Fitness**

Self-Care is often pushed to the back burner for those who work in the nonprofit sector; the days are long, the work is hard, and the appreciation can be low. The Montana Children's Trust Fund understands how important self-care is in ensuring the well-being of our grantees, and ultimately allowing for better outcomes for the programs. Leslie Smith presented a 50 minute Qigong training, allowing the grantees to practice this powerful technique. QiGong exercises are designed to relieve both mental and physical stress, provide focus of the mind, and allow a safe way to release grief. QiGong is an ancient Chinese form of exercise related to other forms, such as Tai Chi.

Each year, the MT CTF works with the MT DPHHS, Child and Family Service Division (CFSD) to plan the annual Statewide Prevent Child Abuse and Neglect (CAN) Conference. This annual conference brings together over 500 foster/adoptive parents, CFSD staff, CASA, tribal social services staff, county attorneys, judges, counselors, attorney's and teachers for three days of training. In addition to assisting with planning the 2016 CAN Conference, the CTF also provided scholarships to our grantees to attend and sponsored the screening of the Raising of America: Documentary on the science of early childhood, working parents and public policy, Episode 3: Are We Crazy About Our Kids?

Child Abuse and Neglect Conference Presentation Synopses 2016

- **Dignitary Speakers** (Sarah Corbally, CFSD Division Administrator, and Honored Guests) Awards Presentations (Child and Family Services Division, CASA of Montana, and Children's Trust Fund)
- **Tymothy Belseth- Improving the Foster Care Experience:** Bringing the experiences of a former foster youth in addition to those of someone employed by and familiar with the workings of a state child protection agency, Tym shares a multifaceted and enlightening perspective that pertains to the important discussion of how to improve the foster care experience. Through the eyes of a foster youth, this presentation will guide attendees toward a deeper and more profound understanding of the nature of foster care. An understanding of the concept and importance of normalcy, in addition to the impact normalcy has on youth wellbeing will be offered, along with consideration and recognition of the consequences of escalation, over reaction, and confrontation on foster youth. Further emphasis will be given to understanding and recognizing the importance and impact of relationships involving youth in care. Finally, the significance of meaningful involvement and inclusion of the youth voice in case planning, policy, and practice will be explored.
- **Victoria Sweet, JD- Sex Trafficking in American Indian and Alaska Native Communities:** A booming modern slave trade exists in the world today. While exact numbers are not known, it is estimated that over 20 million people are trafficked – some for sex and some as laborers. For indigenous peoples, human trafficking is simply a new name for a historical problem. They have experienced exploitation by outsiders for generations. Unfortunately, according to data gathered in the United States and Canada, sex trafficking is currently disproportionately impacting the

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indigenous women and children living in those countries more than any other group. In order to effectively combat the crime of human trafficking, a number of things must be understood: first, the legal definition of human trafficking and how it occurs in communities; second, vulnerability factors that make individuals likely to fall prey to traffickers; third, indicators that someone might already be a trafficking victim. This presentation will discuss these three areas as well as the impact that this crime is having on Native individuals and communities. In addition, innovative strategies will be discussed to help protect Native youth and other community members from this threat.

- **The Raising of America- Panel and Film Screening: Are We Crazy About Our Kids?:** Recent studies underscore repeatedly how a child's earliest surroundings and interactions shape the developing brain, building the foundations for life-long emotional, intellectual and even physical health and development. Exposure to a nurturing or adverse environment in the early years affects how we think, feel and relate to others as we age, our capacities for empathy, impulse control and even love. When parents are pressed for time, money and resources, their babies pay the price. Child well-being in the U.S. has fallen to 26th out of 29 rich nations. An increasing number of children grow up with learning, behavioral and physical health challenges. But our kids' health is not all that's at risk, researchers argue. By squeezing young families and under-investing in early childhood we are also under-developing America. If we want children to do better in school and in life—and the nation to prosper—we can't wait until they enter kindergarten. This documentary series translates these scientific findings into a compelling new story capable of changing the way parents, practitioners, policy makers and the public think about society's responsibilities and interest in these first crucial years. The screening (episode 3/Are We Crazy About Our Kids?) of The Raising of America series will include a distinguished panel to introduce the film and to comment/take questions post screening.
- **Elizabeth Kohlstaedt, PhD- Through the Eyes of a Child: Children's Changing Perception of Separation, Loss, and Trauma:** Children experience separation, loss, and trauma differently dependent on their developmental level and on their prior experience. Understanding how a child experiences others may help us provide better direction in the child's life and relationships that are affirming and healing. Session participants will learn age-specific experiences of separation, loss, and trauma, current practices that may inadvertently harm children, and interventions that may help children survive and thrive despite separation, loss, and trauma.
- **Victoria Sweet, JD- Trauma is Not Culture: Recognizing and Addressing American Indian/Alaskan Native Intergenerational Trauma in the Courtroom:** American Indian and Alaska Native (AI/AN) individuals and families are disproportionately represented in the justice system. At the same time, many judges and service providers do not have the opportunity to interact with Natives outside of court proceedings. Because of the lack of familiarity, it is easy to start thinking that all AI/AN individuals are dysfunctional or that problems like poverty and substance abuse are somehow connected to Native culture. In reality, many of these problems are directly related to trauma. Most of the AI/AN individuals in the system face not only personal trauma, which can occur in any community, but also additional levels of trauma that make it more difficult to overcome intergenerational patterns. This session will discuss the various types of trauma that Natives face, scientific research around how traumatic patterns are passed intergenerationally, information on how traumatic patterns present themselves in the courtroom, and give participants the opportunity to discuss how to effectively address intergenerational and personal trauma when they see it.
- **Brenda Roche, PhD- Integrative Approach to Working with Families:** Participants in this session will gain an understanding of how to effectively coordinate services for families with an

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array of needs, learning both the strengths and challenges of families involved with multiple systems/services, and how to overcome those challenges. Participants will be able to enhance their awareness of how a full family system is impacted as well as conceptualize the value and impact of integrating effective supports. Research outcomes around an integrative approach will support the learning objectives.

- **Traci L. Shinabarger, LCSW- The Role of the Child and Family Ombudsman:** The Office of the Child and Family Ombudsman is an independent, impartial, and confidential resource for citizens concerned about the protection of children and the rights of children and families involved in child protection. In this session, the Child and Family Ombudsman will explain how to access the Office, what intervention looks like, and how recommendations are made to the Department of Public Health and Human Services. The Child and Family Ombudsman will also review the 2015 Annual Report.
- **Erik Barrus- Advocating for Our Youth:** CCAI Foster Youth Interns, in many ways, represent the success stories of the foster care system. Unfortunately, many of their peers in foster care have not been able to achieve the same level of success. Drawing upon his experience in the foster care system and as a CCAI Foster Youth Intern, Erik will discuss how to successfully advocate for youth in care, and the importance of “having a place to call home and people to call family.”
- **J. Bart Klika, PhD- Missoula Foster Child Health Program: Addressing the Complex Physical, Behavioral, Emotional, and Dental Needs of Children in Out-of-Home Care:** Children entering out-of-home placement (e.g., foster care, group-home care), in most cases, have experienced significant trauma in the form of abuse or neglect. Research shows that trauma has lasting impacts on physical and emotional development lasting into the adult years. It is no surprise that children entering the foster care system often have complex physical, behavioral, emotional, and dental needs. Without proper screening, assessment, and evaluation by specialized providers, the needs of these children can often go undetected. At the same time, care providers often struggle to understand how to navigate the often complicated system of physical and mental health services for the children in their care yet are held to strict licensing protocols for ensuring that the children in their care receive timely, comprehensive evaluation and treatments. The goal of the Missoula Foster Child Health Program (MFCHP) is to address the health needs of children in out-of-home care by coordination of medical, behavioral, emotional, and dental care. Through a tri-agency collaboration between Missoula City-County Health Department, Child and Family Services Division Region V office, and Grant Creek Family Medicine, children in out-of-home care and their foster families receive support from a public health nurse home visitor and the children benefit by a full medical evaluation and referrals by a specialized medical provider at Grant Creek Clinic (Foster Care Clinic). In this presentation, members of the MFCHP (including Kate Siegrist, Angel Mothka, Judith Birr, Claire Francoeur, and Courtney Callaghan) will discuss the link between trauma and physical/emotional health, the history and development of the MFCHP program, and preliminary evaluation results of the MFCHP program. This presentation is targeted towards service providers and foster/adoptive parents.
- **Katie Gerten & Nicholas Adams- Youth Mental Health First Aid:** Youth Mental Health First Aid USA is an 8 hour public education program which introduces participants to the unique risk factors and warning signs of mental health problems in adolescents, builds understanding of the importance of early intervention, and teaches individuals how to help an adolescent in crisis or experiencing a mental health challenge. Mental Health First Aid uses role-playing and simulations to demonstrate how to assess a mental health crisis; select interventions and provide initial help; and connect young people to professional, peer, social, and self-help care. The course teaches

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participants the risk factors and warning signs of a variety of mental health challenges common among adolescents, including anxiety, depression, psychosis, eating disorders, AD/HD, disruptive behavior disorders, and substance use disorder. Participants do not learn to diagnose, nor how to provide any therapy or counseling – rather, participants learn to support a youth developing signs and symptoms of a mental illness or in an emotional crisis by applying a core five-step action plan that includes assessing for risk of suicide or harm, listening non-judgmentally, giving reassurance and information, encouraging appropriate professional help, and encouraging self-help and other support strategies. The Youth Mental Health First Aid USA curriculum is primarily focused on information participants can use to help adolescents and transition-age youth, ages 12-18, and participants will be provided with certification as a Youth Mental Health First Aider upon completion of the session.

- **Ray Buckley- Children and Deep Story: From the Marrow of Our Bones:** One of the most profound tools for building personal and cultural identity and self -esteem is the use of deep story. Story has remarkable healing opportunities in historical trauma and personal trauma, and builds bridges across cultures, and generations. Can the roots of deep story be prune-able, and redirected? Where are the stories which offer hope in reality? How do we ask the questions which lead to story? This session looks at the importance of deep story in children and adolescents in a variety of cultures, and at the potential of story in recovery, growth, and finding a sense of self.
- **Terence Dunn- Tai Chi and Qui Gong Methods for Stress Management:** This 3-hour skills course will teach participants Master Dunn's specially selected classical Tai Chi Chuan exercises, "Flying Phoenix Heavenly Healing Chi Meditations" ("Fei Feng San Gung"), and Taoist Meditation techniques that impart *tangible* self-healing, rejuvenation, energization, and transformative stress management; resulting in heightened inner and outer awareness through profound mind-body integration, and accelerative problem-solving through activation of left-right hemispheric brain centers.
- **Brenda Roche, PhD- Effectively Supporting Kids in Foster Care When They're Struggling:** Participants in this session will receive an overview of struggles and common behaviors among children in foster care as well as how to effectively support and overcome those challenges. Skills/tools learned will encompass both differences across developmental stages as well as throughout each stage of the case and after case resolution. The presentation is outcome driven around evidence-based approaches. This session will be helpful for many different kinds of conference attendees: foster parents, school personnel, social workers, CASA etc.
- **Dale Hause, Jill Jenneskens, Mary McGee-Spalding, & Paddy Ferriter- Managing Social Security Benefits for Children in Foster Care:** Youth with disabilities who are also in the foster care system are one of the most vulnerable populations in the United States. This presentation examines the financial needs of children with disabilities who are in the child welfare system and the barriers to be addressed in accessing those financial supports, and strategies for moving forward toward better meeting the needs of such children. In addition, the challenges experienced by youth exiting foster care are compounded further for those youth with serious physical and mental disabilities. One important resource for foster youth with disabilities is Supplemental Security Income (SSI). This presentation will address the screening process for identifying these youth and the eligibility and application process for those same youth.
- **Schylar Canfield-Baber- Youth Panel: In My Shoes (Strategies for Peer-to-Peer Mentoring, Support, and Leadership):** There are many methods for youth involvement in foster care and advocacy roles. FosterClub has become the leading youth-driven organization to successfully create generations of former foster youth leaders and advocates. Learn some of the FosterClub story and

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methodology, but more importantly, hear from current and former Montana foster youth. Many panel members are on the Youth Advisory Board, and there is no better expert on foster care and youth engagement than those currently living/experiencing the foster care system and services. Youth with lived experience in foster and congregated care co-facilitate this lively session.

- **Joyce Funda & Certified Trainer from Office of Victims of Crime, Training and Technical Program in Washington, D.C.- Caring for CASA Advocates and Other Victim Service Providers: How to Return to Healthy Functioning After Being in a Stressful Situation: Recognizing, Understanding and Building Resiliency:** CASA (court appointed special advocates) volunteer advocates are appointed by judges to watch over and advocate for abused and neglected children, to make sure they don't get lost in the overburdened legal and social service system or languish in inappropriate group or foster homes. Volunteer advocates stay with each case until it is closed and the child is placed in a safe, permanent home. While CASA advocates and victim service providers who work with abused children often emphasize the importance of building resiliency in these young victims, they sometimes overlook the need to develop resiliency in themselves. To maintain a healthy perspective, providers must learn how to build their own individual resiliency, and organizations can use the elements of individual resiliency to create strategies that help providers develop and practice this critical strength. It also is the ethical responsibility of the CASA organization to establish an environment that supports and encourages resiliency in its staff. The goal of this training session is to provide an overview of the five core elements of resiliency and explore how they can be implemented by both individual advocates and the CASA programs using an organizational model. The training is intended for all victim service providers who work in agencies interested in implementing resiliency strategies through policies, supervisory techniques, and training.
- **Erin Kintop, John L. Guinn, & Julie Burk- 2016 Court Pilot Projects:** Participants in this session will learn about the two court pilot projects currently being administered throughout the state: Pre-Hearing Conference Pilot Project and Child Abuse Court Diversion Pilot Project. The session will provide an overview of each project, pilot locations and number of meetings completed thus far. Discussion will be focused around continuous quality improvement measures being taken to increase the functionality and outcomes associated to each project. Participants will also hear from facilitators, CFSD staff and other stakeholders participating in the project and their experience participating in the pilots to date.
- **Teresa Nygaard- ACEs are Wild: How Adverse Childhood Experiences Affect Our Future:** What if the largest public health discovery of our time is about the smallest of us? Adverse Childhood Experiences (ACEs) are stressful or traumatic experiences, including abuse, neglect and a range of household dysfunction such as witnessing domestic violence, or growing up with substance abuse, mental illness, parental discord, or crime in the home. Most of us can say we have experienced one or more, in fact, ACEs are common. However, as adults, our health depends upon how many we experience. The Adverse Childhood Experiences (ACE) Study findings represent a paradigm shift in human understanding of the origins of physical, social, mental, and societal health and well-being. We now know that leading causes of disease and disability, learning and productivity problems, and early death have their roots in the cumulative neurodevelopmental impacts of Adverse Childhood Experiences (ACEs). Join the conversation and learn how to change the trajectory of your life or someone else's. This workshop will cover the basics of the ACE Study, along with neurobiology that explains why ACEs have such an effect on people's lives, and what we can all do to dramatically improve health and resilience for this and future generations.

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- **Laura van Dernoot Lipsky- Transforming Trauma: How to do this Work and Sustain:** The issue of trauma exposure has garnered a great deal of attention and energy in the past few years as an understanding of the impact that trauma may have on the clients and employees involved in child protection systems expands. Drawing upon her 27 years of work with trauma survivors, Laura's presentation will look to raise the awareness and responding to the cumulative toll on those exposed to the suffering, hardship, crises, or trauma of humans, other living beings, or the planet itself. The presentation will help attendees develop a deeper understanding of trauma exposure and the tools for reconciling this so that folks can do their work sustainably, either as individuals, or as part of a collective culture.
- **Jeff Linkenbach, EdD- The Soul of Prevention: The Science of the Positive Community Norms:** The Soul of our prevention and intervention work is about bringing our whole selves into each endeavor. The Science of the Positive Process is a cycle that moves us through four domains of SPIRIT-SCIENCE-ACTION-RETURN. All efforts begin with Spirit first, then we explore through Science, to lead Action and best practices for positive Returns. In this closing keynote, Dr. Linkenbach will present core concepts of the Science-of-the-Positive as he guides participants through interactive discussions as a way to restore our hope, energy and passion for the vital work that we all do. A practical application of the Science of the Positive Process has been the development of the Positive Community Norms framework (PCN). Based upon two decades of research and practical application – Dr. Linkenbach has developed and continues to refine this model for improving health and safety with a variety of issues. The Centers for Disease Control and Prevention (CDC) enlisted Dr. Linkenbach as part of a 3-year 'think-tank' to explore development of the CDC's Essentials for Childhood framework. One of the four recommended strategies is Creating the context through Positive Community Norms. Practical examples of the PCN framework will be explored so that participants can take home new ideas and skills to energize and enhance the effectiveness of their work.

In 2015-2016 the MT CTF provided grantees with training and resource opportunities through the Montana Nonprofit Association (MNA). Subscriptions to GrantStation (<https://www.grantstation.com/public/about.asp>), and scholarships to attend the MNA annual conference were offered to all of our grantees and some of our partners..

The MNA provides a wealth of resources throughout the year to help strengthen our grantee organizations; as well as, numerous training and networking opportunities. We see this as an opportunity to build capacity and sustainability. GrantStation is an advanced searchable database of more than 7,000 active funding sources and includes grant opportunities from federal and state sources, private foundations, corporate funders, associations, and international funding sources. Information provided includes contact information, eligibility, giving levels, scope and focus, areas of interest, application procedures, etc. GrantStation subscribers also gain access to research tips, proposal building tutorials and "How to" services including:

- ✓ List of questions to ask grantmakers;
- ✓ How to write a grant;
- ✓ Tips for success, etc.; and
- ✓ How to Build a Grant Seekers Calendar.

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Additionally, the MT CTF offered more tailored technical assistance on an as needed basis in areas of resource development, building parent leadership, outreach and communications, public awareness, and board development.

➤ Tribal Relations and The Period of PURPLE Crying:

The MT CTF took three tribal members to the National Center on Shaken Baby Syndrome to become Period of PURPLE Crying Certified Facilitators. The three Certified Facilitators are Serene SunChild (Rocky Boy Reservation), Erna Granbois (Fort Peck Reservation), and Jody Jones (Confederated Salish Kootenai Reservation). The Certified Facilitators helped facilitate a Period of PURPLE Tribal Training in Bozeman, MT on June 13-14, 2016. This training was for any tribal member who worked with families and would like to bring this shaken baby prevention program back to their community. This was a grassroots effort to implement this program in the Montana Tribal communities. It is crucial that this program is implemented in a culturally competent manner and is done "by the people, for the people, and of the people."

➤ Circle of Parents Training for Butte Community Council:

The MT CTF Funded this training to assist the BCC to fulfill their goals. They identified the facilitator, backup facilitator, parent leaders, and child care program staff. The national trainers from Circle of Parents came to Butte to train parent leaders, parent facilitators, child care staff, and administration. It was a two-day, intensive training covering all aspects of the Circle of Parents program. Weekly meetings began in January 2016.

➤ Family Spirit Home Visiting Training for The Boys and Girls Club of the Northern Cheyenne Nation: On December 14th, 2015, Kay Medicine Bull did a presentation on Family Spirit and recruitment. The presentation was the Parent Training workshop sponsored by the Northern Cheyenne Human Services. The workshop was for people who work with children, day care workers, foster parents and grandparents, educators and people who want to learn to be better parents or those who are considering becoming a foster parent. The workshop had 35 participants that day, and had 11 referrals after the presentation.

➤ 2016 Resilience Conference and Paper Tigers Screenings Gallatin County and Surrounding areas: Nearly 700 community members took part in these activities and many have taken the ACEs, trauma-informed care and resilience building knowledge gained at these events back to their organizations with the intent of working with their leadership to make their organizations more trauma-informed.

➤ Promising Pregnancy Care (PPC): An Introduction to Centering Pregnancy, Coming of the Blessing and Period of PURPLE Crying Training: Provided trainings to organizations that provide prenatal care to our Native American families. The event introduced PPC, a Medicaid and maternal child health program, which allows organizations the opportunity to develop their prenatal care program by blending Coming of the Blessing and Centering Pregnancy models into a prenatal care curriculum. Once the prenatal care curriculum is approved, the organizations will be able to bill Medicaid for their prenatal care services. **This training was sponsored through the MT CTF mini-grant process.**

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- Trauma Informed Care/ACES Training for Early Childhood Care Providers: This is a training project to strengthen, further develop and distribute the resources for early childhood educators by providing training, education, and system support in trauma informed care and education intentionally focused on supporting infant and toddler caregivers, home visitors, HMTPP case managers, and parents of children from birth to 3 years old. This will include training on Shaken Baby – Abusive Trauma Prevention as well as trauma-informed care and Adverse Childhood Experiences (ACEs) for child care providers. Collaboration, within and outside of MT DPHHS, to achieve the proposed project goals, is intentional.
- National Foster Parent Association Conference: Five Scholarships we given to our grantee Forever Families to strengthen their knowledge and resources for Foster and Post-adoptive Families. All participants we foster and adoptive families including staff and board members of Forever Families. This training was sponsored through the MT CTF mini-grant process.
- Hopa Mountain StoryMakers Program: Hopa Mountain developed a social and emotional literacy-focused initiative linked to its *StoryMakers* initiative that fulfilled three main goals: (1) Train professionals from the fields of health care, education, and social services to teach families about the compelling science behind their children's early experiences and the powerful impact these experiences have on an individual's long-term chances for sound mental and physical health into adulthood. (2) Develop research-based, open-sourced supporting materials including title-specific bookmarks that promote SEL competencies, and (3) deliver books and educational resources to rural and tribal communities for use by families at home and in classroom settings. **This training was sponsored through the MT CTF mini-grant process.**

8. EVALUATION DATA

QUALITY EVALUATION AND REPORTING

In the past decade the MT CTF has become more aware of the value of evaluation and the importance of collecting high quality data. In 2012-2013 we made a significant transition from collecting basic data and findings to becoming truly data-informed. We altered the way we and our partners perceived data and the general philosophies of evaluation. We collaborated with several entities, organizations and grantees to create a more stream lined approach to evaluation and reporting for programs and their data. In 2013 we conducted a test run of a new reporting tool: the Grantee Outcome Reporting Table; which was met by some resistance by our funded programs. They had not fully understood why the data they collected was so important until this point and anything new can be intimidating. With training, technical assistance and support they all came on board, effectively utilizing the tool.

Through the 2015-2016 cycle, we continued to offer support and ongoing evaluation to our grantees to ensure that their final data report for the year would be of high quality. Please see the attached **2015-2016 MT CTF Outcome Data Report**.

The MT CTF allows funded programs to choose their means of evaluation as they deem appropriate for their programs. We find that all programs are not created equally and, to meet their community needs, they need flexibility. We provided additional technical trainings and support ongoing throughout the year but as always, at the Annual Grantees Meeting.

The MT CTF's ongoing communications, site visits, annual meetings, and other workshops with grantees give us, and them, the opportunity to better hone our skills, techniques and approaches to projecting, collecting, measuring our services and outcomes.

REQUIREMENTS:

More information can be found in the **attached** 2013-2014 RFP (used to initially fund 2015-2016 local community-based program grantees), the 2015-2016 RFP (used to initially fund 2015-2016 Best Beginnings Community Coalition grantees), the 2016-2017 Request For Renewal (RFR), and the 2016-2017 RFP (used to determine funding for 2016-2017 local community-based program grantees), which state:

All funded programs are required to complete quarterly reports. All funded programs must address:

PROGRAM IMPLEMENTATION

A. Please list all accomplished objectives in accordance with your timeline for the quarter?

Please explain if and why your program was not able to accomplish objectives and provide steps that will be taken to achieve the objectives. Do you feel that your evaluation tools were useful? If not, what changes will you make?

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B. List additional services provided by your program/resource center in which the CTF Participants received services. Please explain in detail. Attach any literature that describes the service(s) provided. Include any special outreach to special populations.

PARENT/CONSUMER INVOLVEMENT/VOLUNTEERS

A. Indicate how your program encourages parent/consumer/volunteer participation. Include a description of how the parent/consumer(s) participate in the design, implementation, administration and evaluation of your program and note any changes made to the program as direct result of parents'/consumers' feedback.

B. SUCCESSES

What do you consider your biggest success this quarter? Please describe in detail.

C. AREAS FOR FURTHER IMPROVEMENT/EXPLORATION

Explain the challenges that your program(s)/resource center is overcoming. For example: problems with recruitment, maintaining attendance, transportation, etc. What steps have you taken to overcome barriers/problems?

OUTCOME EVALUATION

Please provide details of the short-term, intermediate & long term outcomes, indicators, measures and a time line. Attach all measurement tools used with the cumulative data. The Logic Model provides an effective method for charting progress from initial and short-term outcomes toward intermediate and long-term goals. A Logic Model focuses on identifying the logical links between the outcomes and the program assumptions, and program strategies or services. (Goals and objectives) Logic Model was included in the Grant Proposal.

In addition, funded program reported on numbers served in each category, funds used, and include the quarter's public awareness activities and samples.

OPPORTUNITIES FOR EVALUATION:

As referenced in SECTION 8. PLAN FOR SUPPORT, TRAINING, TECHNICAL ASSISTANCE, AND EVALUATION ASSISTANCE beginning on **page 70**; we host an annual Grantees Meeting and other workshops. In the **2015-2016** cycle, we gave the grantees and parent participants the opportunity to evaluate the MT CTF and the Grantees Meeting. We took their comments into consideration for our 2016 Grantees Meeting. Grantee feedback is always solicited and valued. The results from the 2016 Grantees Meeting are as follows.

2016 Annual Grantees Meeting Conference Evaluation

5 = Strongly Agree	4 = Agree	3 = Average	2 = Disagree	1 = Strongly Disagree
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1. Bridge to Benefits

The educational content of the presentation was useful.	4.00
The presenters were knowledgeable about their subject.	4.30
The quality of the handouts was good.	4.10

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The question & answer period was useful.	4.10
I learned something new and/or useful.	4.10
2. Program Sharing	
The content of presentations was useful.	3.58
The allotted time (20 minutes) was sufficient.	3.67
I learned something new and/or useful.	3.92
3. Logic Model	
The educational content of the presentation was useful.	4.18
The presenters were knowledgeable about their subject.	4.55
The quality of the handouts was good.	4.27
The question & answer period was useful.	4.36
I learned something new and/or useful.	4.18
4. Effective Implementation Science	
The educational content of the presentation was useful.	4.25
The presenters were knowledgeable about their subject.	4.58
The quality of the handouts was good.	4.25
The question & answer period was useful.	4.33
I learned something new and/or useful.	4.08
5. Collective Impact in Montana	
The educational content of the presentation was useful.	4.50
The presenters were knowledgeable about their subject.	4.58
The quality of the handouts was good.	4.42
The question & answer period was useful.	4.33
I learned something new and/or useful.	4.17
6. QiGong Self-Care	
The educational content of the presentation was useful.	3.82
The presenters were knowledgeable about their subject.	4.55
The quality of the handouts was good.	3.90
The question & answer period was useful.	3.88
I learned something new and/or useful.	3.82
7. Overall rating of the Grantees Meeting	3.69
8. What were the most meaningful aspects of the Grantees Meeting?	
➤ Sharing and networking. Skills to make programming more successful and meaningful.	
➤ Networking & Collective Impact	
➤ Implementation science and collective impact	
➤ Our program benefited the most from the Logic Model and the Collective Impact presentations. I feel like I have a better understanding of what we need to report on in the next logic model.	
➤ collective impact	
➤ Sharing and networking among grantees. Thanks for organizing this event.	

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- The logic model and data use and access
- The collective impact was informative and thought provoking.
- I like the presentations of other grantees and very useful and got some great ideas from the presentations.
- networking
- collective impact

9. What suggestions do you have for improving the Grantees Meeting?

- A little bit more room to move around. Reeder's Alley is great and I loved being downtown but the room was a bit challenging at times.
- The chairs were horrible for such a long meeting. Also, we should not have to travel on a holiday as that eats up a small budget. Also, I do not think it's appropriate to have toddlers at meetings, it was very distracting. Overall though a great meeting!!
- It would be wonderful if we were able to combine some of these contractor meetings with other similar meetings, such as Healthy Montana Teen Parents, etc. I would definitely prefer to be out of the office for 4-5 days at one time versus doing these 3 day meetings several times over the course of a few months. It can get very cost prohibitive for our organization to do so. Similarly I think a lot of the trainings could be useful across many of these contracts. Additionally, pooling the resources of these state grants could allow us to get some really amazing presenters, very similar to the Friends gals and have a lot more people in the state be able to take advantage of those trainings. I think the way MBI is structured is a great example of this.
- I would suggest that we do not have to travel on a holiday as it takes much more of our budget. I also like the 2 lay out used in years past. I also suggest using a larger meeting area next year. It was uncomfortable to be in everyone else's space and get up to stretch, use the bathroom, etc. I did love that it was historic and a new place we would not have seen otherwise, just not great for that many bodies. Overall, the meeting was great and beneficial to our program.
- fewer days
- we needed a bigger space, not much room to move chairs, crossing in front of the group to use the restroom was awkward
- Love the idea/suggestion Deb Halliday had about grouping the many meetings we have this time of year into one 3 to 5 day event to make more efficient use of time in Helena and to reduce travel. It would also be great to have more of a personalized, 1 on 1 consulting type session with an expert of some sort to discuss current program activities and needs and to get specific advice and feedback.
- The logic model presentation used as a workshop that allows participants to actively work on their agency logic model would help better clarify the training
- I think that the meeting is MUCH too long. Three days is excessive, and it did not seem as though there was content to fill it. As someone mentioned at the end, it would be great to see a combined meeting of all grants (MTCF, ECSB grants, etc). It is expensive for nonprofits (and the state I am sure) to send people to these meetings all the time.
- Too long. I think it would have been nice to get last year's presentations and to see how they moved along and how they used the funding.
- planned outings or a list of events happening that people may enjoy going together. I like icebreakers like speed dating....

10. What topics would you like to see presented at future Grantees Meetings?

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- How to recruit and energize volunteers.
- Maybe advertising and publicity presentations?
- Thank you to Jamey, Melissa, and Peter for the wonderful hospitality! Thank you for the snacks and drinks too. Also, the hotel staff couldn't apologize enough for the misunderstanding with breakfast. They were very kind and helpful.
- Meeting facilitation skills, leadership/management skills, communication skills, teamwork and coalition building skills, program/project management training, etc.
- The new EMACS system was our Agency's first exposure to submitting the grant for CTF by this method. Learning how to do your grant proposal so it is set up with submission by EMACS in mind would be helpful
- I would like to have topics that relate to the reporting, and how do you evaluate and report.
- I will have to think about that, I have too many fresh thoughts in my head from the meeting that I can't begin to think about what else I want to learn about.

CBCAP STATE LEAD AGENCY EVIDENCE-BASED PROGRAMS AND PRACTICES FISCAL YEAR 2015-2016

Program/ Practice Name	CBCAP \$	Level of Evidence-Based as defined by PART CBCAP measure	References to supporting documentation
Best Beginnings Early Childhood Community Coalition protected by the Northern Cheyenne Tribe	\$25,000.00	<input checked="" type="checkbox"/> <u>Level I. Emerging and Evidence-informed Programs and Practices</u> <input type="checkbox"/> <u>Level II. Promising Programs and Practices</u> <input type="checkbox"/> <u>Level III. Supported Efficacious</u> <input checked="" type="checkbox"/> <u>Level IV. Well Supported – Effective practice</u>	Family Spirit Home Visiting Program. Resource and Referrals. Collaboration and collective impact facilitation of a community wide response to child wellbeing and family support in early childhood.
Fort Peck Tribes (The Assiniboine and Sioux Tribes) and Roosevelt County Best Beginnings Community Council.	\$25,000.00	<input type="checkbox"/> <u>Level I. Emerging and Evidence-informed Programs and Practices</u> <input type="checkbox"/> <u>Level II. Promising Programs and Practices</u> <input type="checkbox"/> <u>Level III. Supported Efficacious</u> <input checked="" type="checkbox"/> <u>Level IV. Well Supported – Effective practice</u>	Resource and Referrals. Public Awareness, collaboration and collective impact facilitation of a community wide response to child wellbeing and family support in early childhood.
The Gallatin Early Childhood Community Coalition	\$25,000.00	<input type="checkbox"/> <u>Level I. Emerging and Evidence-informed Programs and Practices</u> <input type="checkbox"/> <u>Level II. Promising Programs and Practices</u> <input type="checkbox"/> <u>Level III. Supported Efficacious</u> <input checked="" type="checkbox"/> <u>Level IV. Well Supported – Effective practice</u>	Collaboration and collective impact facilitation of a community wide response to child wellbeing and family support in early childhood.

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Healthy Start Missoula, Best Beginnings Community Coalition	\$25,000.00	<input checked="" type="checkbox"/> <u>Level I. Emerging and Evidence-informed Programs and Practices</u> <input checked="" type="checkbox"/> <u>Level II. Promising Programs and Practices</u> <input checked="" type="checkbox"/> <u>Level III. Supported Efficacious</u> <input checked="" type="checkbox"/> <u>Level IV. Well Supported – Effective practice</u>	Respite Child Care. Resource and Referrals. Public Awareness, collaboration and collective impact facilitation of a community wide response to child wellbeing and family support in early childhood.
The Butte Community Council (BCC), Butte 4-C's	\$25,000.00	<input checked="" type="checkbox"/> <u>Level I. Emerging and Evidence-informed Programs and Practices</u> <input checked="" type="checkbox"/> <u>Level II. Promising Programs and Practices</u> <input type="checkbox"/> <u>Level III. Supported Efficacious</u> <input checked="" type="checkbox"/> <u>Level IV. Well Supported – Effective practice</u>	Circle of Parents. Collaboration and collective Impact facilitation of a community wide response to child wellbeing and family support in early childhood.
Alliance for Youth	\$7,500.00	<input checked="" type="checkbox"/> <u>Level I. Emerging and Evidence-informed Programs and Practices</u> <input type="checkbox"/> <u>Level II. Promising Programs and Practices</u> <input type="checkbox"/> <u>Level III. Supported Efficacious</u> <input type="checkbox"/> <u>Level IV. Well Supported – Effective practice</u>	Circle of Security Parenting; Parenting Wisely
Dawson County Health Communities, Glendive	\$7,500.00	<input checked="" type="checkbox"/> <u>Level I. Emerging and Evidence-informed Programs and Practices</u> <input checked="" type="checkbox"/> <u>Level II. Promising Programs and Practices</u> <input checked="" type="checkbox"/> <u>Level III. Supported Efficacious</u> <input checked="" type="checkbox"/> <u>Level IV. Well Supported – Effective practice</u>	Nurturing Parent Program; Nurturing Newborns; Active Parenting; Love & Logic; Parenting Wisely; Back Pack Reading Program; support groups and special needs support groups; parent/child activities.
The Parenting Place, Missoula	\$7,500.00	<input checked="" type="checkbox"/> <u>Level I. Emerging and Evidence-informed Programs and Practices</u> <input checked="" type="checkbox"/> <u>Level II. Promising Programs and Practices</u> <input checked="" type="checkbox"/> <u>Level III. Supported Efficacious</u> <input checked="" type="checkbox"/> <u>Level IV. Well Supported – Effective practice</u>	Respite Child Care, Nurturing Parent Program, PATHS, Parent Aide; programs at the Missoula Pre-Release Center; Mentoring services; home visits; parent education, support groups; TA /training
The Women's Resource Center/ Community Support Center	\$10,000.00	<input checked="" type="checkbox"/> <u>Level I. Emerging and Evidence-informed Programs and Practices</u> <input checked="" type="checkbox"/> <u>Level II. Promising Programs and Practices</u> <input checked="" type="checkbox"/> <u>Level III. Supported Efficacious</u> <input checked="" type="checkbox"/> <u>Level IV. Well Supported – Effective practice</u>	Strengthening Rural Families; Domestic Violence Shelter parenting programming; Parent-Child Center; literacy support; support groups; resources and referrals.
Developmental Education Assistance	\$10,000.00	<input checked="" type="checkbox"/> <u>Level I. Emerging and Evidence-informed Programs and Practices</u>	Parents as Teachers (PAT). Applied

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Program (DEAP)		<input type="checkbox"/> Level II. Promising Programs and Practices <input checked="" type="checkbox"/> <u>Level III. Supported Efficacious</u> <input type="checkbox"/> Level IV. Well Supported – Effective practice	Behavioral Analysis (ABA). Parent support for families with disabilities, a summer program and an integrated play group for children with disabilities- utilizing structured learning settings and ABA and PAT methods.
Thrive	\$10,000.00	<input checked="" type="checkbox"/> Level I. Emerging and Evidence-informed Programs and Practices <input checked="" type="checkbox"/> Level II. Promising Programs and Practices <input checked="" type="checkbox"/> <u>Level III. Supported Efficacious</u> <input checked="" type="checkbox"/> <u>Level IV. Well Supported – Effective practice</u>	Love and Logic; Parents as Teachers Program; Strengthening Families Program Ages & Stages Kindergarten Readiness –Power Play; Dynamite Dads fathers' group program; Thriving Tots; Thriving Kinders
Community Healthy Partners-Learning Partners, Livingston	\$10,000.00	<input checked="" type="checkbox"/> Level I. Emerging and Evidence-informed Programs and Practices <input checked="" type="checkbox"/> <u>Level II. Promising Programs and Practices</u> <input checked="" type="checkbox"/> <u>Level III. Supported Efficacious</u> <input checked="" type="checkbox"/> <u>Level IV. Well Supported – Effective practice</u>	Nurturing Parent Program series; Active Parenting; Period of Purple Crying; Parents as Teachers; Resource referral; Parent support groups
Sunburst Community Service Foundation	\$7,500.00	<input checked="" type="checkbox"/> Level I. Emerging and Evidence-informed Programs and Practices <input checked="" type="checkbox"/> <u>Level II. Promising Programs and Practices</u> <input checked="" type="checkbox"/> <u>Level III. Supported Efficacious</u> <input checked="" type="checkbox"/> <u>Level IV. Well Supported – Effective practice</u>	Circle of Security; mental health services; family support; education and community-based activities
Forever Families	\$10,000.00	<input checked="" type="checkbox"/> <u>Level I. Emerging and Evidence-informed Programs and Practices</u> <input checked="" type="checkbox"/> <u>Level II. Promising Programs and Practices</u> <input checked="" type="checkbox"/> <u>Level III. Supported Efficacious</u> <input type="checkbox"/> Level IV. Well Supported – Effective practice	Model Approach to Partnership and Parenting; Nurturing Parenting; Beyond Consequences; Triple P components; Adoption Disruption Prevention
Family Support Network	\$ 12,500.00	<input checked="" type="checkbox"/> <u>Level I. Emerging and Evidence-informed Programs and Practices</u> <input checked="" type="checkbox"/> <u>Level II. Promising Programs and Practices</u> <input checked="" type="checkbox"/> <u>Level III. Supported Efficacious</u> <input type="checkbox"/> Level IV. Well Supported – Effective practice	Nurturing Parenting Program and Cultural based services for families in three communities, two of which are on Native American Reservations; Triple P-Positive Parenting Program
Lewis and Clark City-County Health Department	\$7,500.00	<input checked="" type="checkbox"/> <u>Level I. Emerging and Evidence-informed Programs and Practices</u> <input checked="" type="checkbox"/> <u>Level II. Promising Programs and Practices</u> <input checked="" type="checkbox"/> <u>Level III. Supported Efficacious</u>	Parenting from the Heart; Parents as Teachers, Circle of Security; Parents Anonymous; Emotional

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		<input checked="" type="checkbox"/> <u>Level IV. Well Supported – Effective practice</u>	growth/social skills therapeutic group for children; parent support

TOTALS: The total \$ amount for each level stated above. The funding is split for programs with multiple levels. CBCAP and State funds are both shown. CBCAP Funds are shown in **BLACK** and State Funds are shown in **RED**.

Level One CBCAP: \$33,333.33 State:\$34,999.99 Total: \$68,333.32	Level Two CBCAP \$20,833.33 State:\$22,500.00 Total: \$43,333.33	Level Three Total: CBCAP: \$12,500.00 State:\$27,500.01 Total: \$40,000.01	Level Four Total: CBCAP: \$58,333.34 State:\$15,000 Total: \$73,333.34	Total Funding at all levels: CBCAP: \$125,000 State:\$100,000 Total: \$225,000
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EXAMPLES OF PARENT TESTIMONIALS AND STORIES 2015-2016

Alliance for Youth

We received many positive testimonials:

- "The different tools that were presented and a glimpse into the effects of working/totality have on your child. I had no idea kids thought so literally, or the effects of fighting with a spouse."
- Everyone should take this class. I liked all the chapters because I learned something new with each one. "
- "Thanks a ton, I really feel that this has helped me relate to my daughter and become more comfortable as a growing parent. I have noticed a huge change in how my wife and I are more conscious when communicating with each other!"
- "Great class!! I will be attending more of your classes"
- "Learning how to communicate as a family. Realizing that violence, yelling is never an appropriate response and doesn't help but only hinder. Learning positive discipline techniques. Also, laying down family rules, morals, and developing a better more consistent routine has helped the flow of daily life tremendously."
- "Helped me be a better parent and acknowledge when my sons are going through certain phases."
- "Took the time to find what was wrong with us as parents and help fix the problem."
- "Taught me different ways that children act and how I should act in return."
- "Liked learning about children in a way that isn't basic needs."

Boys & Girls Club of the Northern Cheyenne Nation

I think one of my successes is following a client from prenatal, to birth, and now she is post-partum. Seeing this young lady from the beginning has been the ideal way to go through the Family Spirit program and hopefully she'll continue with the program, till her child is 3 years of

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age and get ready for Head Start. Another success is partnering with community programs, and all the programs being supportive. One example is working with the Northern Cheyenne Child Care program and getting emergency items together for a client of mine. I can see the support and the kindness for reaching out to the young ladies and families in need.

Butte Community Council

The Circle of Parents group began at the request of parents in our community. They were feeling frustrated and alone as they tried to find resources and services to help their children with disabilities and mental health issues. One parent in particular took a strong interest in getting this program started. She is the parent of a child with unique abilities and our current parent facilitator. She had been told by a physician that her son would never hold a job, drive a car, or get married. Her involvement in the Circle of Parents group provided her access to resources she was not aware of. Her son is now working at a sporting goods store under the direction of a job coach. He works hard and earns his own money. She is grateful and thankful for the support she receives from other parents in the group and continues to search out new resources to help families.

Community Health Partners

The "D" family has been served through CTF for over 2 years. The original referral came through WIC when the family brought their newborn into the clinic. Once Rie, the home visitor, met the family, she discovered that there were 4 children all under the age of six. Rie was most concerned about the 2 year old and enrolled three of the youngest children into PAT. The two older children have now aged out of PAT and we plan to continue serving the youngest child through another grant when CTF funding ends.

The power of PAT is really demonstrated with the child that was 2 years old at the beginning of the family's involvement. Through PAT health screenings, it was discovered that she had vision problems. After helping the family get on Healthy Montana Kids insurance, this young girl got the glasses that she so badly needed. Our home visitor also assisted the family in enrolling her in the free public school Pre Kindergarten program. During their most recent visit, the girl was reading a book to the home visitor. When Rie pointed her reading prowess out to her mother, the mother replied that her daughter had just memorized the book. "Oh no," Rie replied. "This is the book that I just brought!"

Dawson County Health Department

I have been bringing my children to The Nurturing Tree programs at Glendive Public Library in Glendive, Montana for approximately three years. This is such an amazing program for my preschool aged children to be involved with! We look forward to every Tuesday and have lots of fun when we are able to attend! There are many benefits that I urge more families to take advantage of this wonderful opportunity! My children learn how to socialize and communicate with other children and a teacher in a classroom setting. Once we begin the activity, children learn to listen and how to follow the steps of the craft and attempt to complete it by themselves. Early education is such a critical key in every child's life. Our rural community is very fortunate to have the wonderful Nurturing Tree program available for the early childhood education journey that begins our children's future!

Thank you for making The Nurturing Tree program available to our small community. I know my children will be successful in their elementary education because of this wonderful program!

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-Chandra

Thank you so much for what you do at the Nurturing Tree. I really appreciate all the time and thought you put into your learning times on Tuesday. I really enjoyed bringing Gunnar and he enjoyed coming. We will miss coming! Hope to see you when we visit town. Thanks again!
(Excerpt from a note from patron who was moving)

-Marla and Gunnar

Developmental Education Assistance Program (DEAP)

2 young children with autism made scored high enough on post tests to no longer qualify for DEAP autism waiver services. Both children will start either head start or kindergarten and are at age appropriate skill levels in social/emotional skills.

Some teens with disabilities involved in the social groups became mentors for the younger children and assumed some leadership roles in community activities.

Family Support Network

An interesting occurrence this year was that the majority of the participants in the Wyola sessions were grandparents raising their grandchildren. This provided interesting insights into generational parenting and necessitated some adjustment in how some of the parenting information was presented. It provided an opportunity for the parents/caregivers and the Parenting coordinator to address parenting issues in the light of changing relationship roles. Responses from the parents/caregivers about what they liked about the class were that they liked "Having someone listen", "sharing with the parents", "the laughter and the ideas" as well as to learn "new ideas", "building discipline through routines", and, "how I need to speak to my toddlers". Parents expressed that they liked the "friendly instructor", "activities", "humor, personal stories for examples", and the "food and gifts". "One grandmother said, "I'm going to bring Grandpa", and did.

Forever Families

"Wow. I'm not alone. All this time I struggled parenting my son alone. I have you ladies now." A mom reported at the last Epic mom retreat that she is no longer alone. The purpose of the retreat is for mom's to build a relationship with other moms and this mom's revelation confirmed that we provided her with a new support system to help her parent her son.

Our Epic Mom's Retreat was one of our biggest successes this quarter. We were able to include 2 kinship adoptive mom's and rally around them with our successes and struggles as moms. In all 17 moms were able to recharged, realized and ready to help in the success of their families. The best quote all weekend was, "I am so glad I came. To know that I'm not the only one struggling with this issue is amazing."

Fort Peck & Roosevelt County Best Beginnings Community Council

The communities on the Fort Peck Reservation are no stranger to health disparities and perils that come from poverty including child abuse and neglect. The community was throttled in February and April 2016 after the abduction of a four year old Wolf Point girl and the death of one year old Kenzley Olson who suffered traumatic life ending abuse. Both tragedies were a result of a community riddled with drug addiction which results in neglect and abuse of our most vulnerable population. This grant took life after the tragedies when the community decided

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action needed to happen and our children needed to be reminded that there is positivity in their community. Many of the events and outreach activities that took place within this grant were collaborative efforts with community volunteers and various organizations seeking to provide positive outlets for the youth and to re-engage the communities. Participation in the activities were highly attended but the stories of those who participated are what made the work meaningful. Guardians of young children were thankful that there were opportunities for them to have their children participate in our small town and young children felt hopeful that they live in a place of opportunity. Additionally the artwork that manifested from the contest showed that the children of the communities want change more than anything and are willing to defy the current societal norms.

Gallatin Early Childhood Community Council

In an effort to begin raising awareness of ACEs and trauma-informed care in the Gallatin Valley, ECCC hosted 3 different showings of the Paper Tigers documentary over the past year with over 500 community members viewing the film. Based on surveys completed after the showings, the overall feedback from attendees was very positive with over 90% of attendees stating the film was beneficial to them.

The following testimonials are some of the highlights shared by attendees:

“Powerful and inspirational. I highly recommend the film to all of my friends and colleagues.”

“This was a very powerful film. I'm glad that the topic is being discussed openly around Bozeman.”

“All teachers, parents, counselors, foster parents, social workers, etc. should see the film.”

“I thought this was a great film. The methods they use seem to work, they should be implemented in more areas!”

Another great story from the past year was the success of our Resilience Conference. Based on attendee evaluations, the conference was very well received. Overall, over 90% of the 167 individuals attending were satisfied with all aspects of the conference with 60% being very satisfied. Many comments from evaluations requested that the conference be held again next year. ECCC is very pleased by this response and considers this event a success. The Council is currently discussing the potential for a 2017 conference.

Healthy Start Missoula

Respite Care Testimonials

Joe and Jon's parents had the respite enrollment packet for nearly a year before either of the parents were confident enough to return it to us. We have been seeing them for close to a year now and Mom is comfortable to bring the boys in and have a conversation with me, or call me on the phone. Months ago, these were big obstacles for her anxiety ruled world. She told me that she loves bring the boys because she trusts us and is comfortable and confident enough to be around us. She finds it easy now to sign the boys up, ask for referrals for other services, and most importantly, ask for some parental advice when she feels she needs it.

Cindy is two. When she first started coming to respite she used a walker and had ankle braces to help stabilize her. Cindy's parents told staff they have been practicing without the walker at home, but did not know when Cindy would be able to walk on her own without support. One day

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Cindy arrived beaming ear to ear. Her mom announced that she no longer needed the braces and walker. Cindy hurried toward respite staff for a hug as they cheered and clapped for her. She was so proud of herself that she continued to walk around the room with her face lit up enjoying her applause. Cindy's mom made a point to tell staff a few days later how special that moment was to Cindy and how much it means to have the support of such a loving organization.

Lewis & Clark Public Health

A mom came to our program this year through professionals felling stymied about how to help her. Her son is delayed and he threw giant tantrums and banged his head on the floor in frustration. She yelled and cursed at him (3 years old) as she became more and more frustrated with his disorganized behavior. After being exposed to COS parenting techniques and then getting supportive real time feedback about her child's current behaviors in home visits and in the support group, she began to see her son's behaviors on the CIRCLE. His needs "popped" out at her. She responded now to his needs using the CIRCLE. For weeks now, she does not yell or curse at him. He snuggles into her with delight. He does not bang his head on the floor anymore. He is not frustrated anymore.

Another success arose around a tragedy. A 2 year old child was brutally beat to death by a new boyfriend one night when her mom was called into work. She had no other child care options. Fearing being fired and sanctioned, she went to work. Staff received a call from mom where she was held her daughter in the ER as she died from the injuries. The pain heard through the phone was indescribable. The parents support group rallied around her and the group and the church provided a memorial service for the child. This mom still comes to the group for support.

Simply put and without a doubt, Circle of Security class is transformative to the lives of families that take and graduate the parenting class. Whether it is a county attorney or homeless mom or dad, a CASA worker or a teen parent, or parents in a high conflict divorce, outcomes for attendees are beyond positive. COS is seen to be transformative and insightful. There is a consistent echo in our feedback stating that "everyone SHOULD take this class" from a resistant culture of people that do not want to be told what to do and never like the word "should." When parents are contacted after 3 to 6 months, there is always an excitement in their voice and commitment to COS voiced as a major factor in the health of their family.

Parenting Place

Aurora is six months old. She just started coming to Respite. Her parents are young and said they have been looking everywhere for quality childcare. They want a few hours alone together for a date night and haven't felt comfortable with the drop-in daycare centers. Aurora has only been left with grandma before, so her parents were nervous about how she would react. Staff commended Aurora's parents for being so cautious about childcare, and reassured them they would call if Aurora was unhappy.

Aurora did great her first night; no tears at all. She enjoyed the attention of the older children, and was all smiles eating dinner with a table full of children. Her parents were pleased to pick her up fast asleep, and have been using the service once a week ever since.

Sunburst Community Service Foundation

An experienced foster parent who participated in the Circle of Security class reported that she had learned a lot and wished she'd had the opportunity to take the class years ago. In another

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class, one of the moms who participated started out very fragile and withdrawn. Through the course of the program, she opened up, becoming more communicative and assertive. In one of the early classes, there were three caregivers who were raising special needs children. They became a strong support to one another and decided to stay connected beyond the end of the program.

Thrive

It was six years ago when Matt and his wife decided to call it quits. Matt remembers the hard nights, the empty house. But what made the situation especially difficult was his new role as a single parent. Matt was left to care for his infant son, all by himself. Thankfully, Matt enrolled in Thrive's parenting classes, so he felt prepared to raise his son despite the challenges ahead. "They gave me the confidence to know I was making good decisions," says Matt. "If felt like, I can do this as a single dad."

The Parent Place Parent Educator has recently been providing services to young mom, who started her journey with Thrive through our Partnership Project teen parent home visiting program. Although she transitioned out of needing Partnership's intensive weekly services, she continued to benefit from monthly Parent Place PAT home visiting support. When this mom started with Partnership, she was young, living in an unhealthy situation, and had just had a baby. Over the years she has been successfully connected to her own housing, sustainable income, parenting support, and other community resources. This past year the Parent Educator watched her blossom in to a young woman who is strong, confident, and has a voice. She successfully expressed her concerns and ideas to her son's school, developed relationships with school and community staff, and made significant gains in her personal life to overcome childhood trauma. She has now confidently made the decision to move out of state, looking ahead with hope and a clean slate. During her last home visit, she took the opportunity to reflect on her journey. She was extremely grateful for Thrive's never ending support and encouragement of her personal growth and the health and well-being of her child.

MT CTF GRANTEE OUTCOME REPORTS FOR REPORTING PERIOD: JULY 1, 2015 - JUNE 30, 2016

In **2015-2016**, the MT CTF utilized Grantee Quarterly Reports to collect antidotal, quantitative and quantitative data. The 2015-2016 quarterly and FINAL reports collected the following information from each funded program; which was evaluated by the CTF in relation to their original, projected outcomes:

- Total Number of Individuals who received preventative direct services.
- Total Number of Children who received services.
- Total Number of Individuals with disabilities who received services.
- Stories and Testimonials
- Awareness Activities for April (Awareness Month) and throughout the year.
- Provide copies of editorials, news articles, press releases and public service announcements supporting your program in the local media.
- Give a narrative on your outreach to special populations.
- Give a narrative on your parent leadership activities and outreach.

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The template for reporting quantitative and qualitative data is **below**. The 2015-2016 MT CTF Outcome DATA Reports are **attached** (36 pages).

1. **Measuring Outcomes.** Please complete the below information for the **JULY 1, 2015- June 30, 2016**. Please contact me if you have questions. The attached document "Measuring results) will provide you with more information.
- I. Population:** What was your target population? Were you successful in recruiting and retaining consumers? Why or why not? How many did you plan to serve? How many did you actually serve? What changes will you make related to identifying a target population, recruiting and maintaining them in your program?
- II. Services:** Describe the services you selected. Why were they selected? What were the assumptions, research, and experience that you used in choosing services? (Draw upon the "Assumptions" piece of the logic model from your original proposal). Were you pleased with the service model you selected? Why or why not? Did you implement the service model as you originally intended? Explain any deviations from your original model. What future changes do you plan to make in your program's services based on what you learned in implementing your services?
- III. Outcomes:** Report on outcomes by using the *Outcome Reporting Table* below. Be concise. Do not exceed one page per outcome, although you may attach relevant tables, graphs or charts to illustrate your results. Do not submit raw data or completed parent surveys although one blank copy of your survey(s) should be included in the report.

Instructions for use of table: (You should not exceed 1 page for each outcome reported on, although you may attach charts or tables to illustrate the findings.)

Outcome: State the outcomes from your original logic model. **Indicators:** State the indicators from your original logic model. **Measurement:** After each outcome and set of indicators, briefly describe how you evaluated its achievement. If you used a specific measurement tool, such as a survey, name the tool and attach a copy of it to this report.

Quantified Findings: What were the quantifiable results from your evaluation efforts? (Example: 80% of the participants reported a reduction in the use of corporal punishment. 94% increased the amount use of positive reinforcement, etc.). You will discuss these findings in greater detail in later sections of report. Attach applicable tables and/or charts.

Outcome Reporting Table Reporting period: ____/____/____ to ____/____/____

Outcome# ____ [1, 2, 3 . . .] <input type="checkbox"/> short term <input type="checkbox"/> intermediate <input type="checkbox"/> long-term [Cut and paste the outcome from your logic model]
Indicators: [Cut and paste the indicators for the above outcome here]

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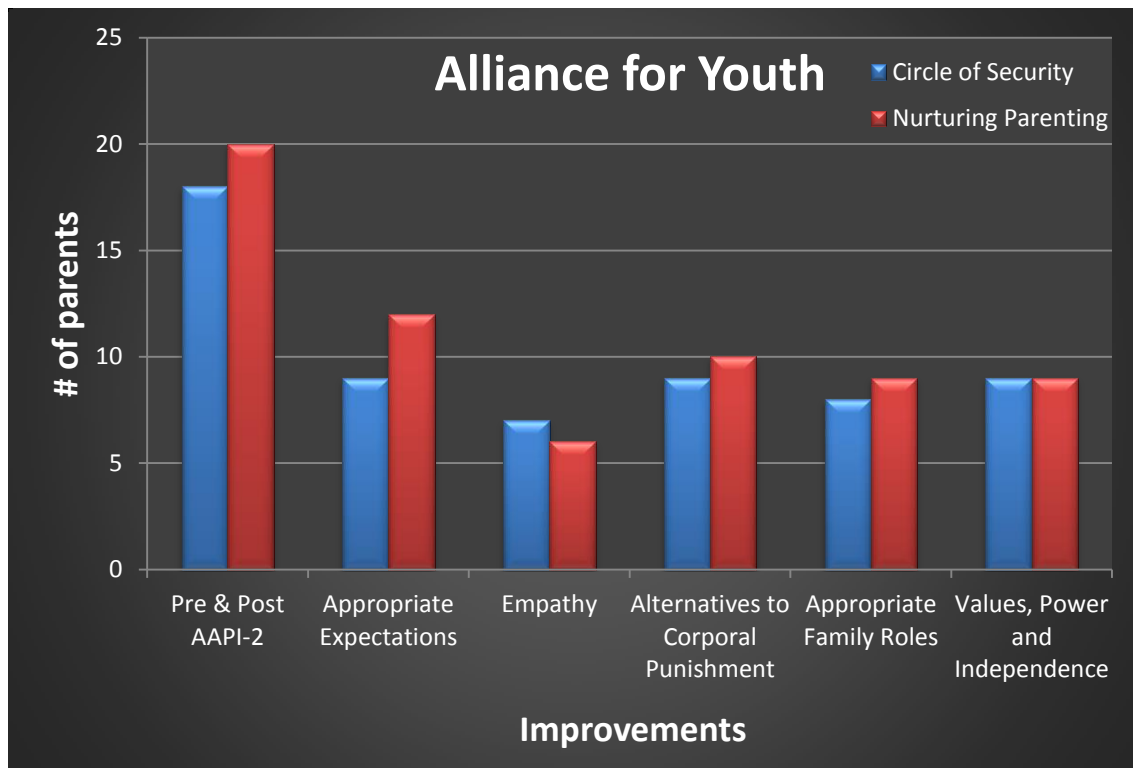
Measurement:

[describe how you measured outcomes here]

Findings:

[Discuss results from your evaluation efforts. Quantify your findings when possible. Example: 80% of the participants reported a reduction in the use of corporal punishment. 94% increased the amount use of positive reinforcement, etc.). Attach applicable tables and/or charts.]

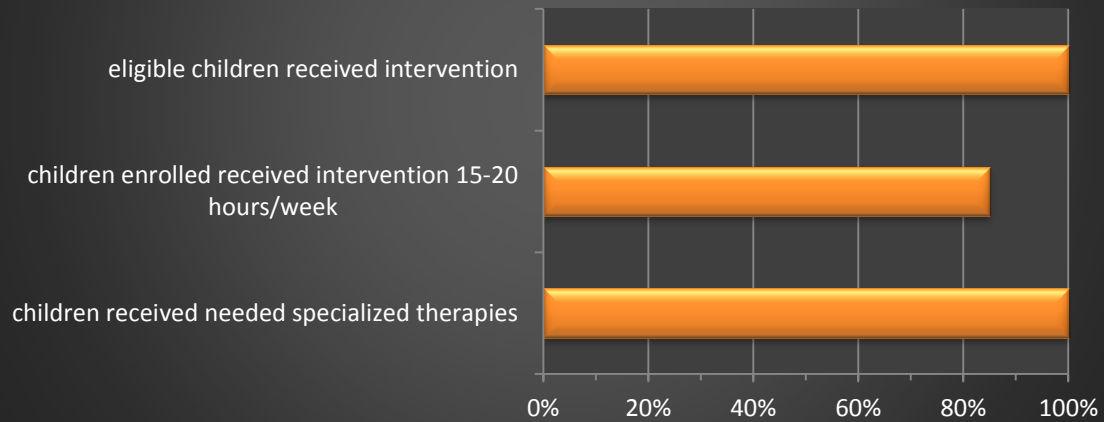
- IV. Discussion of Evaluation findings:** Describe successes and shortcomings in outcome achievement. How were your outcomes related to your service implementation? How will your evaluation results be used by the agency? Include plans for future service delivery to improve on current results. When possible, use qualitative data to help explain findings and conclusions. **A snap shot of some of the data contained in the attached 2015-2016 MT CTF Outcome DATA Reports can be seen in the below charts.**



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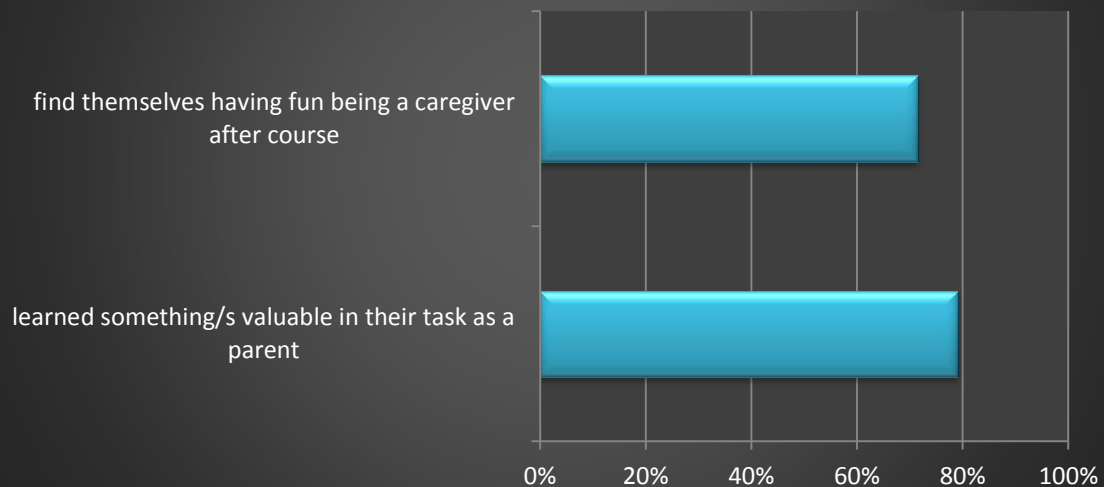
Developmental Education Assistance Program (DEAP)

Applied Behavior Analysis Intervention for Autism

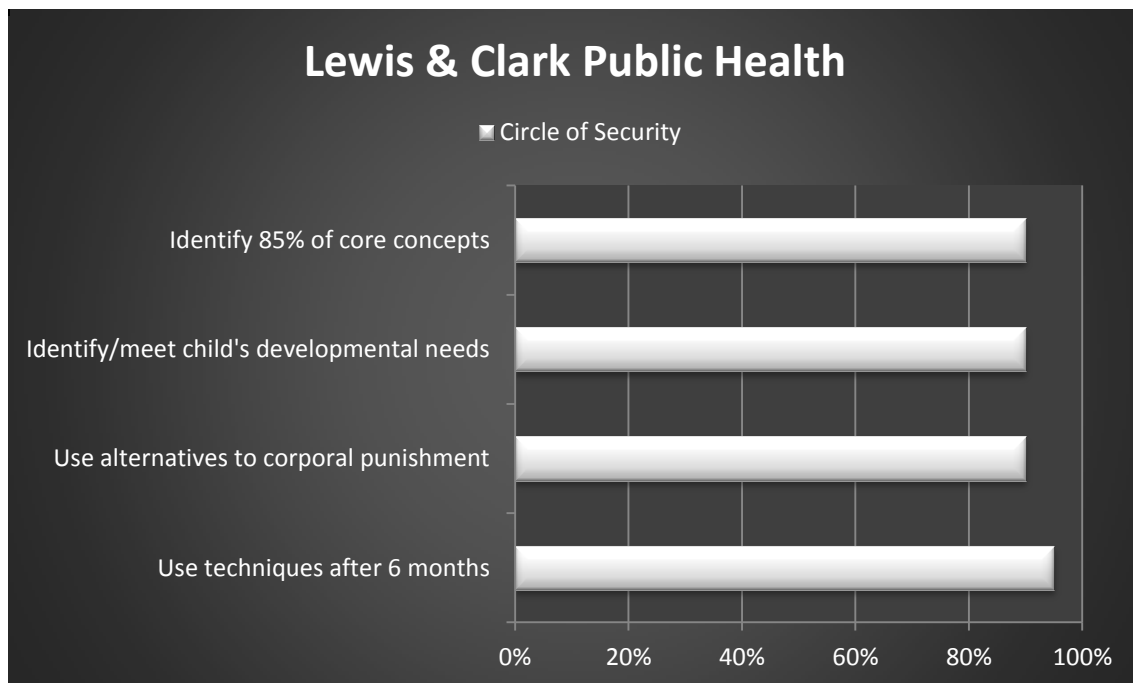
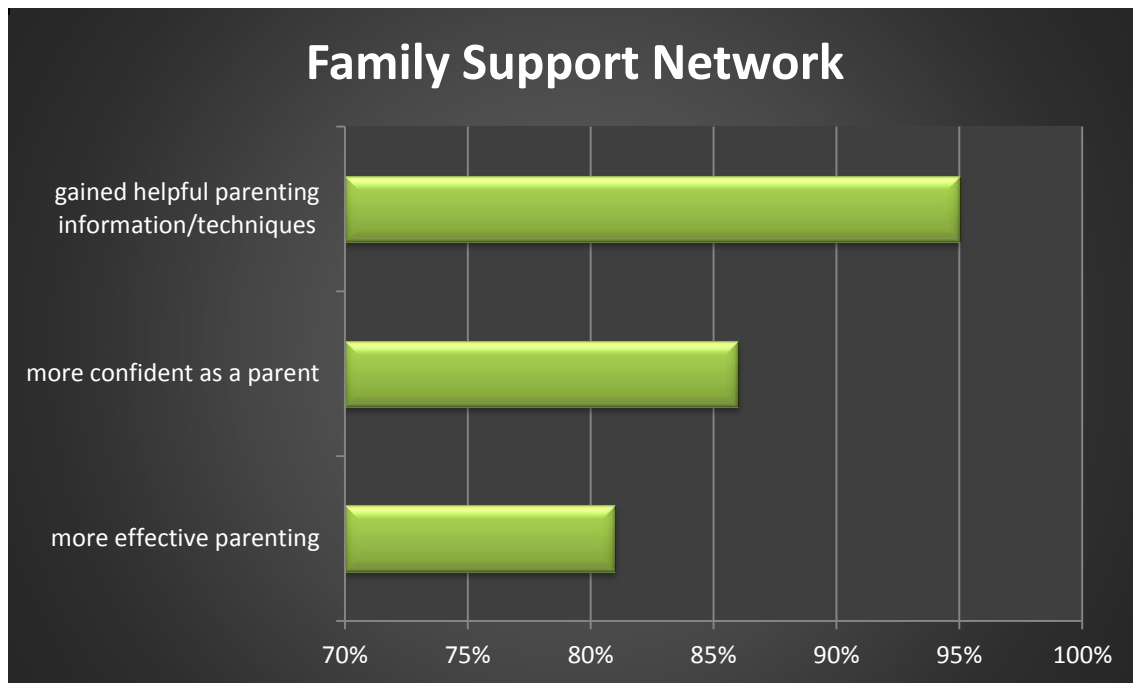


The Nurturing Tree

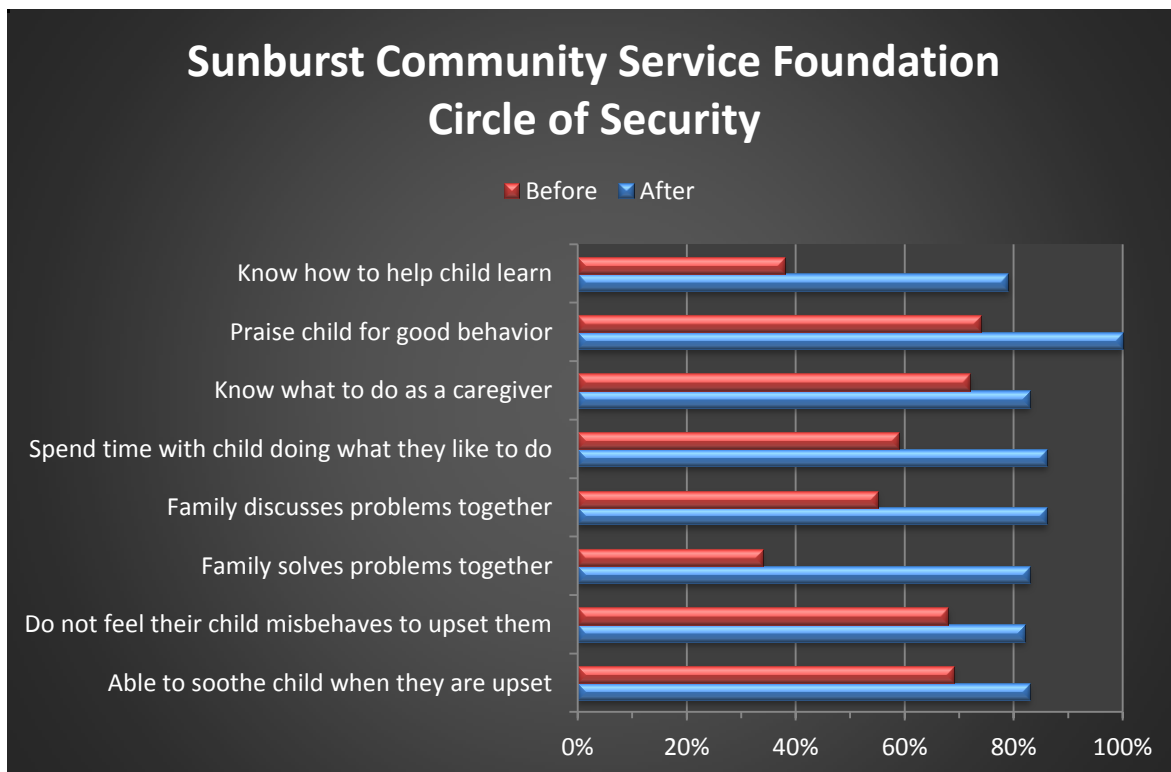
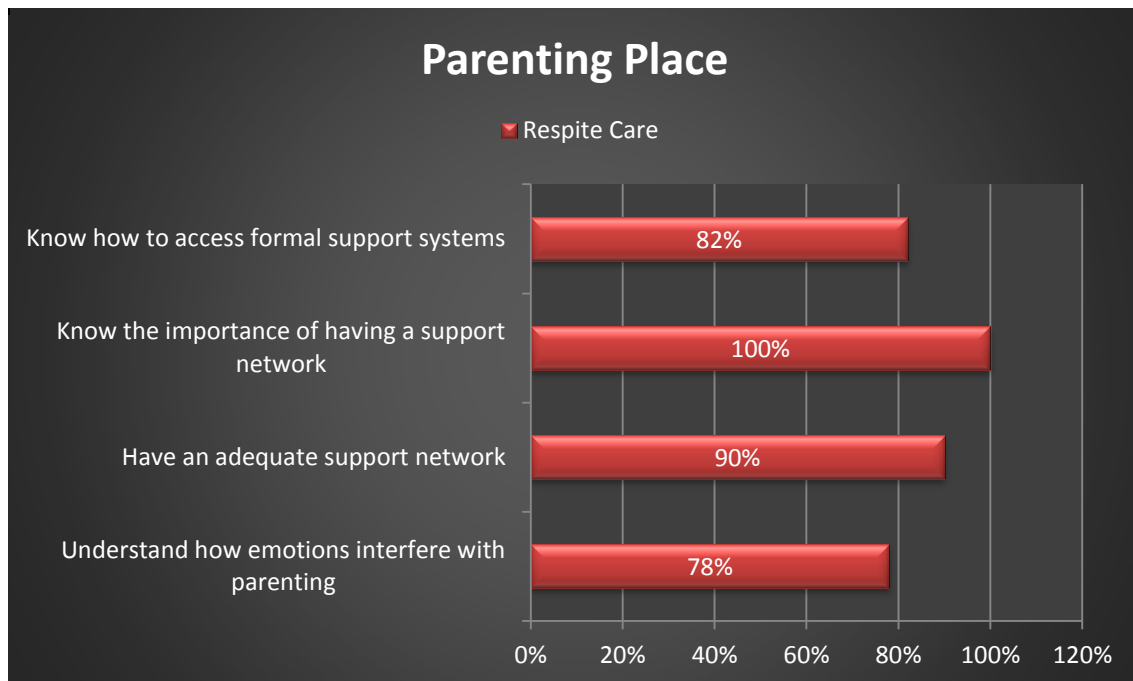
Love & Logic



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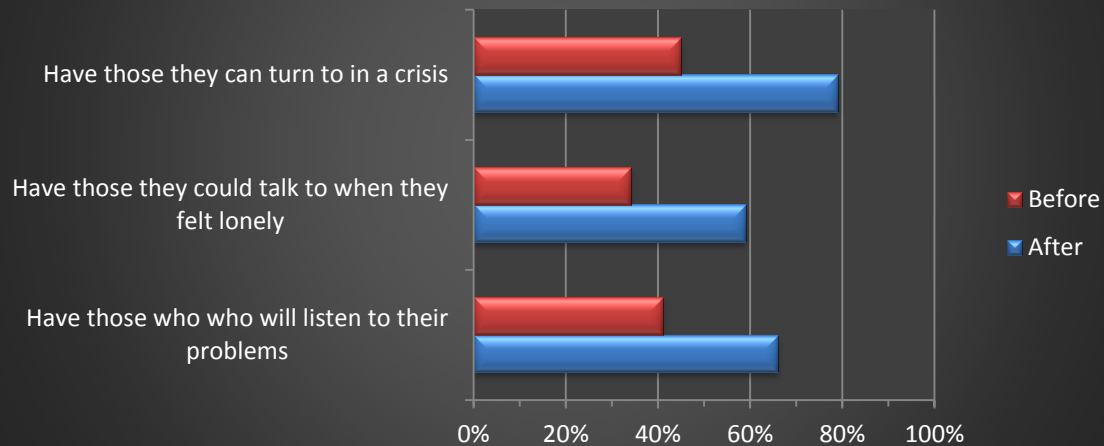


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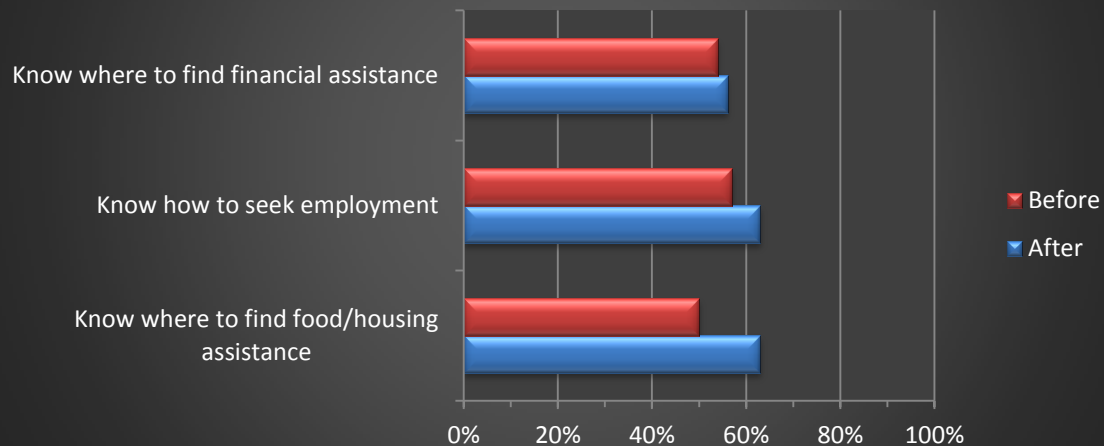


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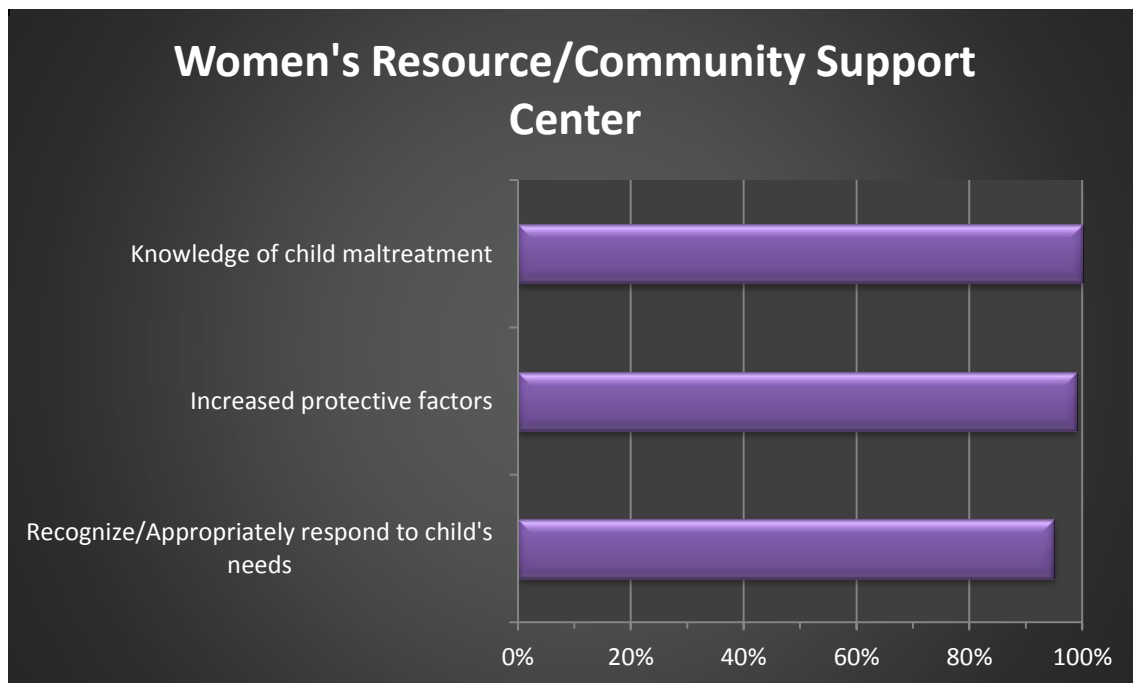
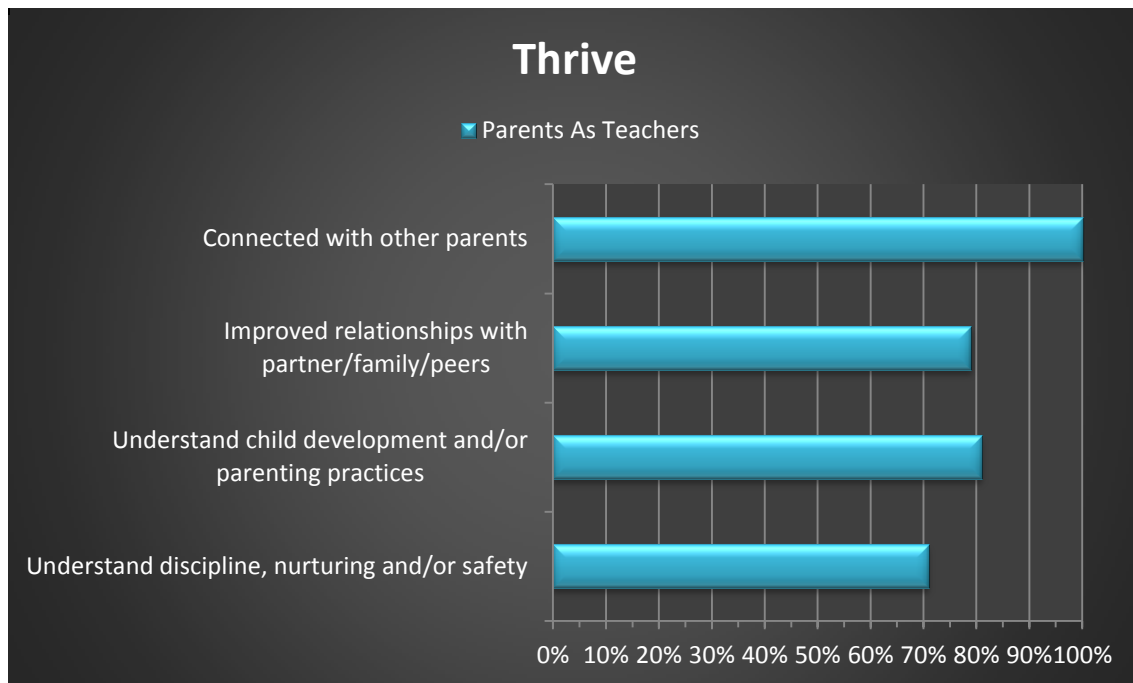
Sunburst Community Service Foundation Support Networks



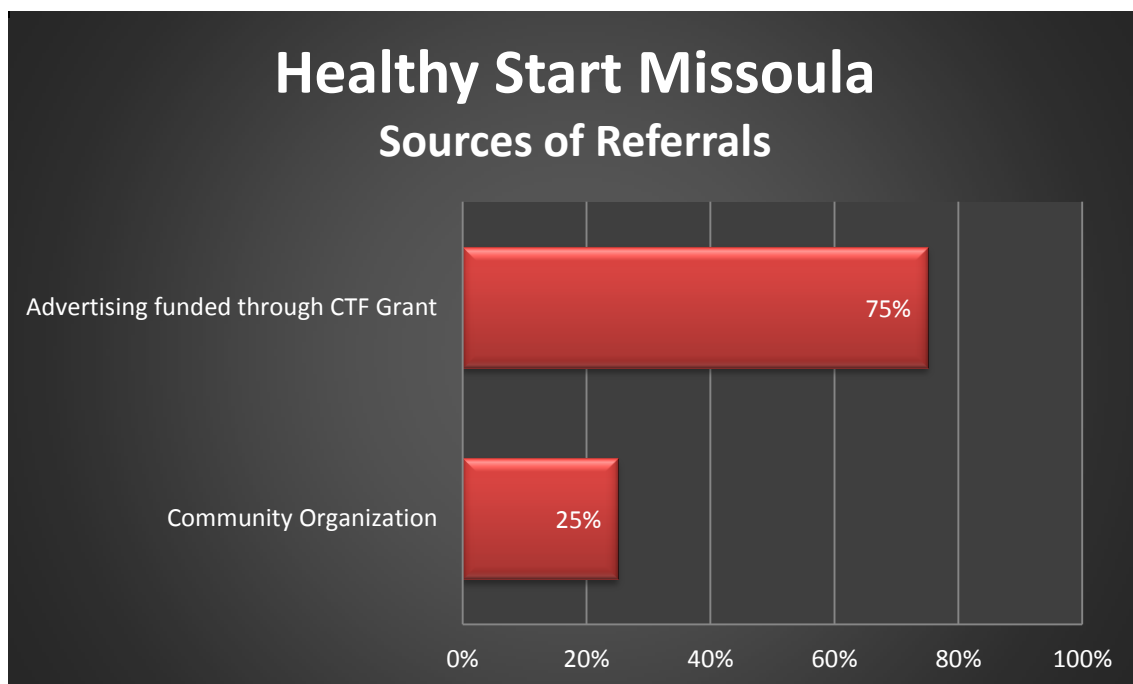
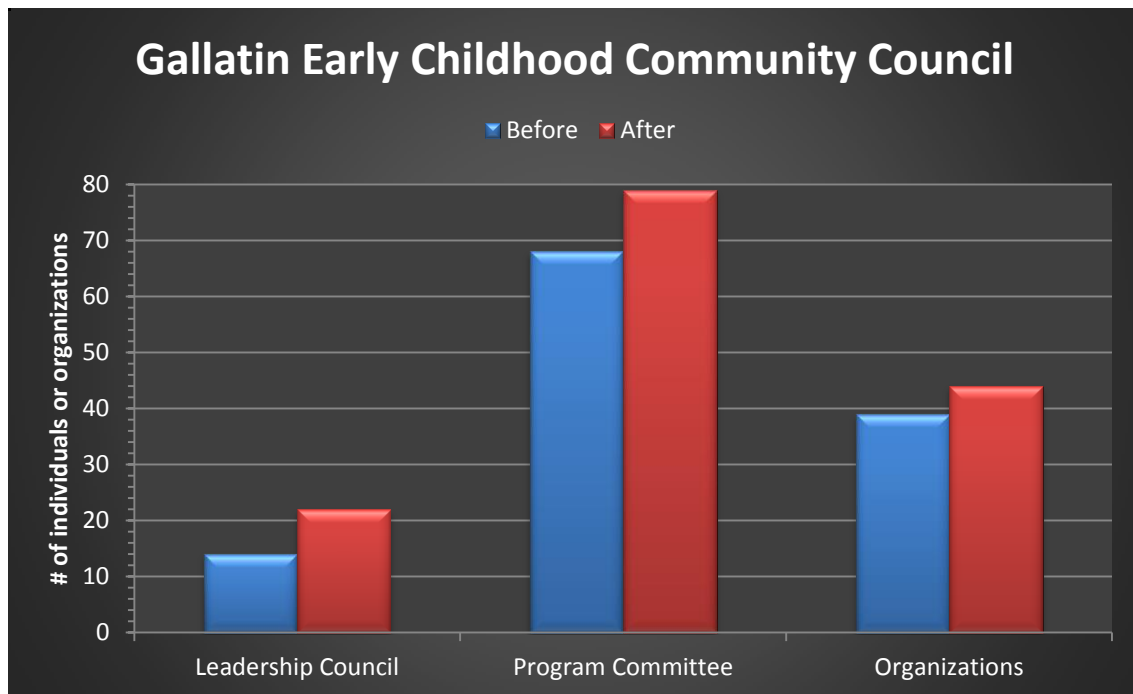
Sunburst Community Service Foundation Concrete Supports

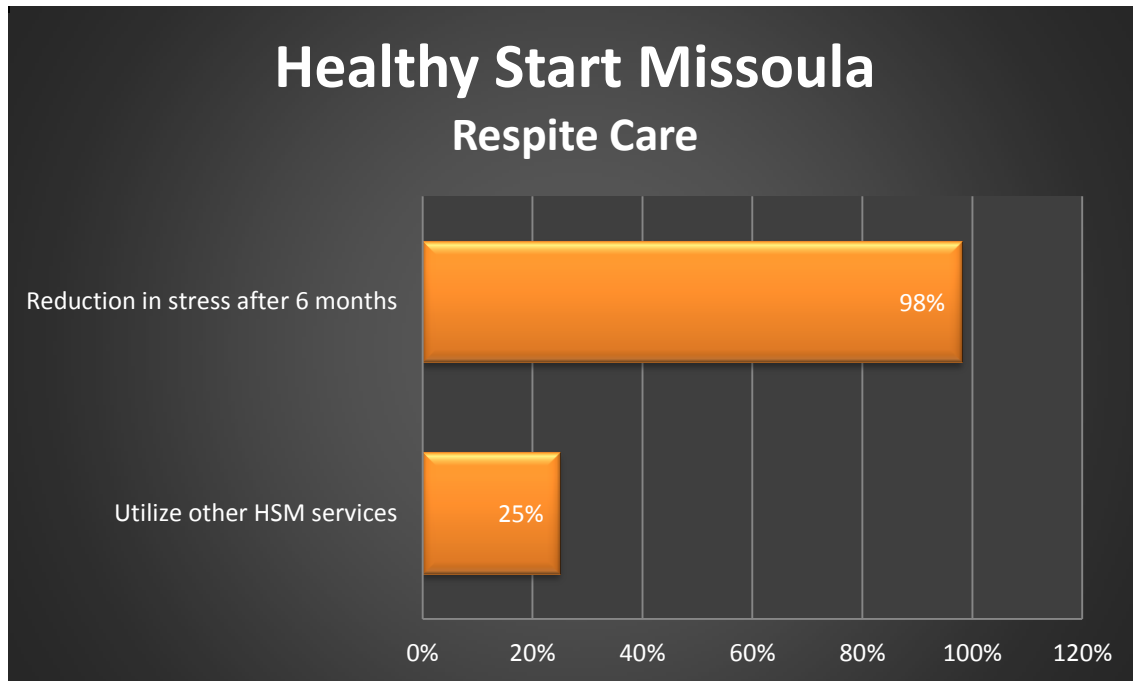


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9. CHILD ABUSE PREVENTION MONTH AND PUBLIC AWARENESS ACTIVITIES

PINWHEELS FOR PREVENTION:

In 2016, the MT CTF hosted the fifth annual Pinwheels for Prevention. Pinwheels for Prevention was an eye catching display of over 2,000 blue pinwheels planted around the Montana State Capitol lawn by CTF staff and volunteers. This powerful display is a reminder to all Montana residents that child abuse prevention is everyone's responsibility.

In 2016, the Montana Children's Trust Fund expanded April efforts to have more of a statewide presence. Blue Cross Blue Shield of Montana informed us that our \$10,000 sponsorship has been written into their yearly budget, which allowed us to keep growing our awareness activities and increase our statewide participation. We held the second annual Pinwheels for Prevention Parade with local elementary schools. In partnership with the Montana Office of Public Instruction and Superintendent of Public Schools, we also reached out to schools all across Montana to host their own Pinwheels for Prevention Parade and participate in activities.



We also received a \$500 sponsorship for the Helena Exchange Club (HEC), who has been a partner in our April activities since 2014. HEC members helped plant pinwheels around the Capitol. With the \$500 sponsorship, we were able to provide pinwheels and resources to our grantees throughout the state so they could put on their own Pinwheels for Prevention display.



Many other sponsors and supporters came forward to help community rallied to support the second annual Pinwheels for Prevention Parade in

2016. The MT CTF reached out to a local elementary school who has participated in our April activities in the past. For this event, the elementary students paraded with blue pinwheels from their school to the State Capitol lawn a few blocks away. Blue Cross Blue Shield's Blue Bear attended the event and paraded with the students. Once at the Capitol, the students formed letter spelling out #GOBLUE and then chanted "Go Blue! Go Blue! Go Blue! Yeah!" This was all filmed via unmanned aerial vehicle sponsored by our corporate sponsor Big Sky UAV. Overall, the 2016 Pinwheels for Prevention parade was a huge success that involved many community



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partners and encouraged everyone to reflect on the role they play in keeping our community's children safe. See more about Go Blue Day Activities below.



To further help shed light on this campaign we had the Capitol staff place blue gels over the flood lights to color the Capitol building blue at night.

Although many business and organizations were not able to sponsor us, they all were able to show their support for the work we do, and encourage their clients and customers to do the same.

As in years past, we engaged and supported our grantees to host their own Pinwheels for Prevention displays and participate in other April efforts. With the increased amount of support and resources to our grantees, we were able to raise more awareness of the CTF, child abuse prevention, and all the services that our grantees have to offer.

In 2016, the Montana Children's Trust Fund created a statewide collaboration group for April. Many organizations, such as the National Guard, the Early Childhood Community Coalition, and No Kid Hungry, all have awareness events in April. By creating a statewide collaboration group, we were able to increase awareness of everyone's efforts, while not having to compete for media coverage.

<http://www.kx1h.com/story/31658258/april-is-child-abuse-neglect-prevention-month>
<http://www.kx1h.com/story/31679830/helena-children-participate-in-pinwheel-parade-to-fight-child-abuse-and-neglect>

FAMILY RESOURCE FAIR:

In conjunction with our collaborative efforts, the Montana Children's Trust Fund also hosted a Family Resource Fair. While the annual press kickoff gained a lot of support and raised a good amount of awareness, we felt that a Family Resource Fair would engage Helena residents even more. This resource fair allowed us to build relationships with local organizations and increase awareness of not only CTF, but also the many great resources Helena has to offer. The Family Resource Fair was piloted in 2016 during an event called Reading in the Rotunda, which invited local "celebrities" to read to young children. With 19 booths and over 300 in attendance; we considered it a success. We have encouraged communities throughout the state to host their own Family Resource Fair during Child Abuse Prevention Month.



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<https://dphhs.mt.gov/Portals/85/childrenstrustfund/documents/April%202016/reading%20and%20resource%20flyer.pdf>
<http://www.helenaevents.com/04/12/2016/family-resource-fair-and-reading-at-the-rotunda/>
<http://www.ktvh.com/2016/04/montana-television-network-helps-to-celebrate-week-of-young-child>
<https://www.facebook.com/events/859325437546470/>

#GoBlue

every Monday in April to show
your support for strengthening
families and preventing child
abuse

Don't forget to post your #GoBlue
pictures and tag the
Montana Children's Trust Fund!



GO BLUE DAY AND BLUE SUNDAY:

After having a successful pilot year in 2014, the Montana Children's Trust Fund continued our Go Blue Day and Blue Sunday. Go Blue Day is an awareness campaign, which encourages all Montanans to wear blue on a scheduled day to show their support for child abuse prevention. In 2016, we were able to increase our Go Blue Participation, and created a social media hashtag #GoBlue. We had social media engagement from people all over Montana who participated in Go Blue Day on every Monday of April. We used part of our \$10,000 Blue Cross Blue Shield sponsorship to make #GoBlue t-shirts and tote bags and distributed them to our partners throughout the state. The t-shirts and tote bags raised awareness about child abuse prevention and started conversations about the role everyone plays in keeping children safe. We also created a #GoBlue contest for Montana elementary schools to encourage them to think about



what a strong family means to them. Only two elementary schools participated. We partnered with news and radio stations throughout the state to increase awareness of our efforts and participation in #GoBlue Mondays. Montana Television Network (MTN) produced a Go Blue commercial for the MT CTF using part of the \$10,000 sponsorship from Blue Cross Blue Shield (link below). The commercial ran before each Monday throughout April to

encourage the public to wear blue and share photos on social media using the hashtag #GoBlue. MTN matched our media buy by producing and running a second commercial about Strengthening Families and Helping Hands through September 2016 (link below).

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We also partnered with Montana churches for our third annual Blue Sunday Campaign. This campaign encourages faith-based organizations to take a moment of silence during the service to remember victims of child abuse and neglect and those that work to protect them. We also encouraged churches to take up a donation for the MT CTF. In 2016, several churches responded to our outreach efforts and the CTF received \$750.00 from Blue Sunday. The MT CTF would not have been able to continue the Blue Sunday Campaign without help from our intern Valerie Johnson.

<https://www.facebook.com/events/1583985271920447/>
https://www.youtube.com/watch?v=bblsZRTc2Ts&index=4&list=PL4r2qzqvLoWmYW0XFp6_SjQeEb-IhBa4N
https://www.youtube.com/watch?v=KKk0rWyDOYU&index=3&list=PL4r2qzqvLoWmYW0XFp6_SjQeEb-IhBa4N

STATEWIDE CHILD ABUSE AND NEGLECT (CAN) CONFERENCE:

Each year the Montana Department of Public Health and Human Services, Child and Family Services Division (MT DPHHS, CFSD) facilitate a team to plan the Annual Montana Child Abuse and Neglect (CAN) Conference. The planning group is a collaboration of participants from the MT DPHHS, CFSD including Program Managers, Child Protective Services Specialists, Foster Care Specialists, Adoption Program Officers and participants from the Supreme Court and the CASA program. The CBCAP Grant Administrator is also a member of the planning committee. The MT CAN Conference committee convenes during the fall of each year and begins planning the April CAN conference.

The statewide conference has grown from 50 attendees in mid-1990 to an all-time high of 665 participants for the 2007 Conference. The Montana's 2016 Child Abuse and Neglect Conference again represented collaboration between the MT CTF, the MT DPHHS/CFSD, and the Court Appointed Special Advocates for Children (CASA), the Court Assessment Program, the Montana Supreme Court Administrator's Office, the Department of Justice, the National Resource Center for Family-Center Practice and Permanency Planning and the National Resource Center for Youth Services.

The annual Montana Conference brings together key staff from the child welfare field, foster and adoptive parents, tribal social services, in-home services, and other professionals representing the related disciplines of education, health care, law enforcement, the judiciary, substance abuse, domestic violence, and mental health; as well as academicians, researchers, parents, advocates, community-based program staff and volunteers. The Montana CAN Conference mirrors the National Child Abuse and Neglect Prevention Conference.

We have increased our awards given out to champions of Montana's children and families to include Pinwheels for Prevention Award and an Outstanding Corporate Citizenship Award in addition to the Strengthening Families Award that we gave in years prior. The MT CTF will table at this event and distributed educational and promotional materials to all attendees at the Conference. The MT CTF sponsored the event in 2015 by funding a screening of the Raising of

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America: Documentary on the science of early childhood, working parents and public policy,
Episode 3: Are We Crazy About Our Kids?

COMMUNITY PROGRAMS:

All funded programs must report on all public awareness activities throughout the year, and specifically in April. Many funded programs also implement the Prevent Child Abuse America Pinwheels displays. Missoula Parenting Place is part of the Montana Chapter of PCA. They spearheaded the past pinwheel events across Montana. Kalispell, Billings, Missoula, and many other communities displayed the Pinwheels in prominent places, businesses, and areas.

The 2013-2014 MT CTF RFP that was used to fund the 2014-2015 Grantees states:

3.5.2 Public Awareness. Include Public Awareness as one of the goals and show through the objectives how the program intends to carry out activities at the community level to promote funded program services and the MT CTF.

3.5.3 Child Abuse Prevention Month. Describe the activities the program will coordinate or participate in observance of April as Child Abuse Prevention Month (Strengthening Families Month). Public information activities that focus on the healthy, positive development of parents and children along with the promotion of child abuse and neglect prevention activities may be included.

NOT EVEN FOR A MINUTE CAMPAIGN:

In May 2014, Rebecca Wilson with the Nurturing Center in Kalispell, Montana asked us to create materials for the Not Even for a Minute (NEFAM) Campaign due to a noticeable increase of parents leaving their children in vehicles. The NEFAM Campaign encourages parents to never leave their children unattended in or around a vehicle and offers tips on ways to remember to bring your kids out of the car and how to avoid needing to leave your car when running errands. The Not Even for a Minute Campaign is not only applicable in the summer months, but also during fall and winter months because children can overheat in a vehicle left running with the heater on, especially if they are bundled up.



In 2016, we updated the materials available on our website and distributed hard copies to county health departments, early childhood coalitions, our Grantees Meeting, the Montana Nonprofit Association Conference, and our Halloween event. This allowed for statewide distribution. The Not Even for a Minute Campaign is not only applicable in the summer months, but also during fall and winter months because children can overheat in a vehicle left running with the heater on, especially if they are bundled up. The Not Even for a Minute Campaign was also advertised via a press release.

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<http://dphhs.mt.gov/childrenstrustfund/notevenforaminute.aspx>
<http://www.ktvh.com/2016/07/a-skosh-cooler-but-dangerous-heat-for-kids-and-dogs-in-cars>
<http://newstalkkgvo.com/not-even-for-a-minute-campaign-reminds-parents-to-never-leave-children-unattended-in-vehicles/>
http://helenair.com/news/local/community-briefs/article_4b68711a-8ace-5eda-8fc7-57233602fcee.html
<http://www.krtv.com/story/29698709/not-even-for-a-minute-reminder-not-to-leave-children-alone-in-car>
http://mtstandard.com/blogs/the_publics_health/not-even-for-a-minute-campaign-raises-awareness-of-kids/article_f5dcb33c-133c-5bf4-81ed-dc03810776f1.html

INCOME TAX CHECK-OFF PSA CAMPAIGN:

Each year, the MT CTF funds an annual Income Tax Check-Off PSA campaign to raise funds and awareness. During this 4-month campaign in 2016, we ran our PSA statewide on public, local and cable TV stations and public and local radio stations. For \$12,000 the MT CTF received over 3,500 spots, statewide. We had a new PSA produced in January 2015 as an in-kind donation from KXLH. The link can be found below.

https://www.youtube.com/watch?v=OxgGvj2yngE&index=2&list=PL4r2qzqvLoWmYW0XFp6_SjQeEb-lhBa4N

We also experimented with Pandora radio ads for \$5,000 to see if this type of media outlet would garner more awareness and funds. The Pandora radio ads started in March 2016 and were targeted to listeners ages 35-59 in counties surrounding Helena. Pandora guarantees a certain amount of impressions. In our contract, we were guaranteed 638,890 impressions between Audio Everywhere, Display Everywhere, and Display Added Value. A unique listener in our target audience heard our 15 second ad an estimated 2-3 times per week. The audio file is included below.



Spot1_V1_LMcCullough_Pandora_MontanaDeptofHealthandHumanServices_AUDIOART_96958.mp3

HALLOWEEN FUN FEST

The Halloween Fun Fest started in 2013 as a way to get people out of the cold and to have a safe environment to trick-or-treat. The weather at the end of October can be very unpredictable in Montana, and many of the rural areas do not have well lit sidewalks along the roads, making rick-or-treating dangerous for many Montanans. This Fun Fest allows community members to take their children to an indoor carnival **for free**.



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Over the four years that it has taken place, the event has expanded a great deal. With such success each year, we want to make sure the event keeps being successful. We are continuing to look for new ways to grow the event and give to the community. In 2015, we provided resources available in the Helena area at the event to give families that needed some help. In 2016, we kept this idea and grew with it. We had 15 community resources with close to 2,000 parents and children at the event.

After Halloween Fun Fest 2015, the MT CTF was concerned as to how it would continue the event without being able to task an AmeriCorps VISTA with it. 2015 was the last time we were allowed to use an AmeriCorps VISTA for this event, as an organization must complete a new application with a new assignment description every 3 years. The MT CTF had spoken with the local Best Beginnings Coalition, and they were initially interested in taking on the event. When we came to them again in Fall of 2016, passing off the event did not seem feasible. Fortunately, the MT CTF was able to recruit intern Megan Mullaney to head the Halloween Fun Fest efforts.

With a late start to the planning, the planning committee was not reconvened, although some partners, like Paul Kindt from PEERS Unlimited, helped when called upon. The 2015 planning committee built several relationships that the MT CTF was able to continue in 2016. Without the help of the committee, the amount of donations and community involvement would not have been able to happen, as many of the same businesses and organizations participated in the same capacity as before. They were integral in securing donations, raffle prizes, volunteers and spreading community awareness about our event.

With great sponsors from past years we were able to reach out to them again. We then reached out to other businesses that we felt would be beneficial to have at the event. We received \$2,250



cash sponsorships from eleven community businesses. Local TV and radio stations also sponsored us to help promote the event, with over \$3,000 in-kind sponsorships from television and radio stations. We also held a free raffle drawing with 17 donated raffle prizes valued at over \$650. Capital City Health Club generously hosted the event and donated a cash sponsorship again this year. This gym location was donated for the entire day, valued at \$5,000.

The Halloween Fun Fest sponsors included; Capital City Health Club, KXLH, Montana

Radio Company, ColdWater Public Relations, Blue Cross Blue Shield, and Allegra Printing

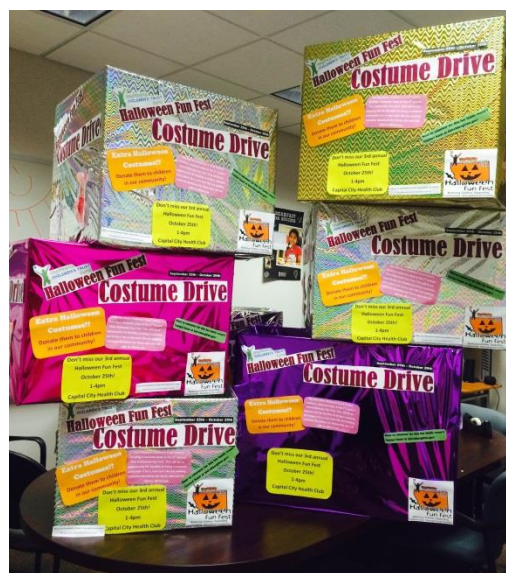
To continue with the resource fair and carnival idea, we reached out to 15 community businesses and organizations to host tables at our event with information on their services. These resources included information on first time home buyer loans, wellness programs, programs for people with disabilities, and safety advice. Each of the organizations that hosted a table brought a fun game and prizes for the kids and information on their resources for the parents. There was so much positive feedback from both parents and organizations about the helpfulness of this event.

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We surveyed people after the event but only 24 people completed the survey. We have made a note to survey people at the event in the future to achieve a better sampling size. As mentioned above, we had close to 2,000 parents and kids that came through the event, all learning about new resources to help ensure their kids grow up in a safe and supported environment. Along with fun games, we also had a photo booth, face painting, and a cake walk. A local photographer donated her time to take the pictures, edit them, and post them online. Many families appreciated the photo booth because many stated that it was the only professional photo they ever had as a family. The cupcakes for the cake walk were all donated by local bakeries.

The Halloween Fun Fest table sponsors and donors included the Helena Police, PEERS Unlimited, Civitan Group, St. Peter's Hospital, AAA, Montana Wild, Helena Food Share, Lewis and Clark Library, Moms Club of Helena, Good Samaritan, Vans Thriftway, Safeway, Great Harvest Bakery, Walmart, and Albertsons.

In 2015, we started a costume drive and swap. In the past, a local organization hosted a costume swap. We reached out to them in 2015 to see if they wanted to combine their event with ours, but we were informed that they were no longer able to host. The MT CTF saw our Halloween Fun Fest as the perfect event to host a costume swap. We decided to continue with it this year because of the great success and feedback from last year. Costume prices are so high and Halloween can be a difficult time for parents. We wanted to provide them with the opportunity to get a "new" costume for their children. This was an opportunity for families to bring in old costumes and swap them for new ones, or just get a costume if they were unable to afford one. In order to have enough costumes to swap out, we also had to do the costume drive again. We put out three costume drop boxes at the local businesses that were successful locations in 2015. The news and radio stations helped promote the drive. We had an overwhelming amount of costumes donated. We had countless parents thank us profusely for allowing their children to have a Halloween costume. Halloween comes once a year and no child should feel left out due to not being able to afford a costume.



In 2014, we started a book give away and in 2015, we ordered even more books for \$1 or less per book through a grant from First Book Marketplace, and Miss Montana gave us 300 used books as part of her Read It and Reap campaign. We had plenty of books left over after the event in 2015. In 2016, we purchased more books from local thrift stores and the Lewis and Clark Library also provided some. We were very pleased to have every single book go home with a child this year.

Instead of giving the books away as a prize, we set up a table with the hundreds of books and allowed families to take them as they wish. Volunteers from the

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Lewis and Clark Library helped families choose an appropriate book for their child's age group. The books ranged from baby's first book to books for tweens/teens to preK flashcards. Parents were extremely grateful for the books and appreciated having such a wide range of ages and genres.

In 2016, we invited Helena Food Share as a table sponsor and promoted a food drive. Although some people brought in food, the drive was not a huge success. The Helena Food Share representative felt that it was successful because she was able to talk with parents about their services. She also mentioned that often times the first time they join an event, they don't take in a lot of donations. Once the attendees know to expect the food drive, they will start bringing items to donate. With more advertising, it could become very big at the event.

Finding volunteers is very important because we need them to help run the event. The MT CTF reached out to local schools, clubs and sports teams for volunteers. We had 20 volunteers signed up to help set up, run the event, and take down. Having volunteers made the event run more smoothly than it had in the past. Overall, our fourth annual Halloween Fun Fest was a huge success! We increased our partnerships, raised awareness of MT CTF, and connected parents with valuable family resources.

<https://www.facebook.com/events/657201051123489/>

https://www.youtube.com/watch?v=cd72rP85j_Y&feature=youtu.be



MT Child Trust Fund
costumes com0549.n



MT Children's Trust
Fund Event com055!

<http://dphhs.mt.gov/AboutUs/News/2016/10-20-16newfunfest>

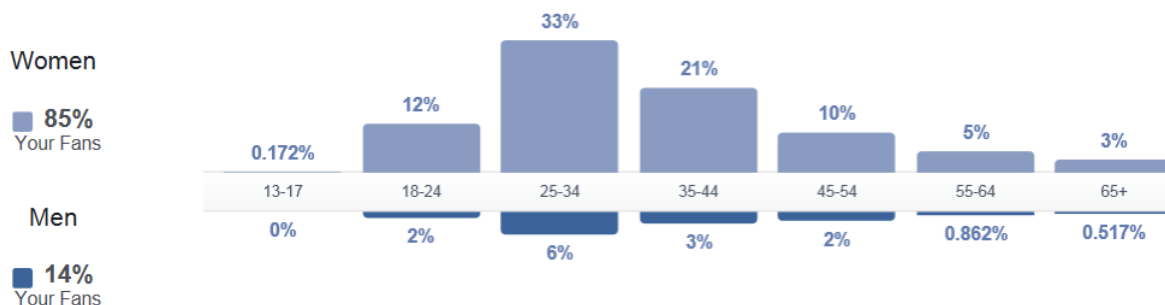
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SOCIAL MEDIA

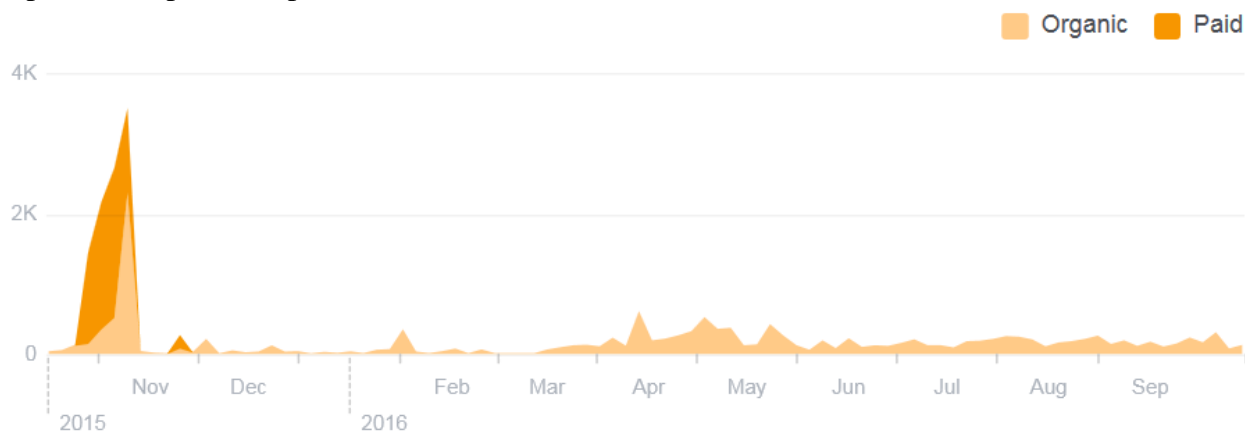
In the past, the MT CTF was discouraged from having its own social media pages. We were only allowed to disseminate approved MT CTF and child abuse prevention content through the Montana Department of Public Health and Human Services' social media page. In Fall 2014, before our second annual Halloween Fun Fest, we began our own Facebook page to help promote the event. The event and our Facebook page fed off of one another, garnering more interest in both. Because of the event, we had well over one hundred likes within the first month. Because of social media promotion, we had greater attendance at Halloween Fun Fest. Since then, we have grown our Facebook page to 583 fans (fans grew from 266 to 487 in 2015-2016). Only 3 people unliked our Facebook page during 2015-2016. We have fans all over Montana, however the majority live in Helena, MT. Our fans are 85% women and 14% men. The largest age group amongst our fans is 25-34 year-olds.

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The people who like your Page



Below is a graph of our Facebook page's Total Reach: the number of people who were served any activity from our Page including our posts, posts to our Page by other people, Page like ads, mentions and checkins. Our highest reach is consistently October to November due to the Halloween Fun Fest. The tallest peak on the graph indicates 2,294 people were reached organically and 1,205 people were reached through sponsored advertisement on the day of the event. The vast majority of our fan's reactions to posts are likes. During 2015-2016, only six people hid our posts (2 hid a specific post, 4 people hid all posts), and none of our fans have reported our posts as spam.



Facebook Total Reach

Other than [event promotion](#), we also use Facebook to provide tips on parenting, wellness, and family friendly activities. We came up with a theme for every day and have even tried a weekly topic. Our daily themes are #MeetUsMonday (not started yet), #ParentTipTuesday, #WellnessWednesday, #TriviaThursday, and #FamilyFriday. The MT CTF Facebook page follows the Facebook pages created by our grantees to help promote their events and create awareness about their programs, as well.

The MT CTF also has a Twitter account. Although it has been less successful than our Facebook page, our marketing intern Megan Mullaney increased our followers to 396 during 2015-2016. According to Twitter Analytics, our page earned approximately 17,700 impressions, or almost 50 per day. The majority of this outreach was done April through September by our marketing intern. Before she was brought onto the MT CTF team, our Twitter page was only earning approximately 16 impressions per day.

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We tested Google⁺ but found it to be of little value to our organization, possibly because it is an underutilized social network. We were made aware of Google⁺ for Nonprofits, as well as Amazon Smile, and encouraged our grantees to check out the services if they weren't already signed up for them. However, the MT CTF is ineligible for these services because we are attached to the State.

At a workshop offered at the Montana Nonprofit Association in September 2016, the presenter commented that unless an organization has a lot of capacity, of which we are limited, Facebook and regular email blasts to stakeholders (volunteers, funders, etc.) tend to be the most beneficial to organizations.

10. CHALLENGES AND AREAS FOR TECHNICAL ASSISTANCE

*The ultimate measure of a man is not where he stands in moments of comfort and convenience,
but where he stands at times of challenge and controversy.*

-Martin Luther King, Jr

In the 2015-2016 cycle, the MT CTF received training and technical assistance from FRIENDS (phone call, emails, webinar and in-person workshop) on the PFS Database. As always FRIENDS staff is knowledgeable and helpful. We hope to continue to take advantage of their resources for the MT CTF and our grantees.

As shown in sections above, the MT CTF does a considerable amount of awareness and outreach including statewide PSAs and social media. Tracking awareness and outreach numbers is a challenge and we would appreciate guidance on how we could better collect and report this information. It would be helpful to discuss ways to utilize our outreach numbers to be more attractive to potential donors, as well.

We would find it beneficial to receive training to be more organized, for sustainability, tracking and for board development trainings. We can facilitate some of these things from our partners such as the Montana Nonprofit Association. Feedback from our Annual Grantee Meeting shows that our grantees are also interested in learning more about meeting facilitation skills, leadership/management skills, communication skills, teamwork and coalition building skills, program/project management training, etc.

One major barrier for the 2015-2016 grant cycle was the MT CTF Board's choice not to renew Healthy Mothers Healthy Babies (HMHB) for the implementation of the *Period of PURPLE Crying* Program with our State General Funds. Although the MT CTF Board held a special meeting with HMHB in early 2015 to voice its concerns over the progress of the project, HMHB was surprised by the board's decision not to renew in June 2015. During the renewal process, HMHB submitted an electronic copy of their renewal past the deadline and MT CTF Staff never received the required hard copy of the renewal. Even so, the MT CTF Board chose to score the application. The application did not score high enough to be funded. HMHB was displeased about this decision and created much additional work for the MT CTF in their attempts to reinstate funding. HMHB was granted several audiences with the Governor and one with the MT CTF Board to discuss the funding and renewal application. The MT CTF was directed to award a portion of the funds to HMHB despite performance issues. In response to the overwhelming pressure, MT CTF hired an external evaluator to conduct an evaluation of the *Period of PURPLE Crying* project and other Abusive Head Trauma Prevention work funded by the MT CTF from 2012-2015 (attached). All of this ate up much of the MT CTF staff time, and therefore caused decreased attention to other duties. Additionally the MT CTF still had to address Shaken Baby Prevention in Montana per Montana Code Annotated. We created a new plan to utilize our remaining General Fund resources and determined that we would focus more efforts on tribal partners as our data directed us towards this work. See SECTION 2: ACTIONS TO ADVOCATE FOR SYSTEMIC CHANGE on page 15. Ultimately we were successful with our efforts, but it was a stressful challenge.

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Also in 2015-2016, we had performance issues from one of our new grantees in Fort Peck. Fort Peck Tribes (the Assiniboine and Sioux Tribes) and Roosevelt County Best Beginnings Community Council, due to performance issues, was funded in 2015-2016 only and was not refunded for 2016-2017. The Council was established in 2012, working with Fort Peck Tribes Health Promotion/Disease Prevention Program coordinating the community-wide effort for Fort Peck. The MT CTF provided funding to support their continued effort in child abuse and neglect prevention by supporting the evidence-based providing additional training to service providers on recognizing and responding appropriately to signs of child abuse; promoting awareness month activities; creating a map of available services for homeless and at risk teens and coordinating a health fair to connect them to existing resources; and to assist in coordinating and growing the council. Originally, we also funded Fort Peck to provide the Parents As Teachers Home Visiting Program; however they determined that they would not be able to increase their capacity beyond the home visiting that they were already providing through their MIECHV grant. MT CTF staff worked diligently to come up with a new work plan to assist the program to maintain their grant. In the end, there were a number of factors that the grantee could not overcome. This effort took a tremendous amount time and effort, but we maintained a solid relationship with our tribal partner in Fort Peck and look forward to future opportunities and communications.

During 2016, the MT CTF board said good-bye to 2 of the 7 members and welcomed 2 new members. Unfortunately, one of these board members was not available to participate in board meetings or respond to communications. The MT CTF board as a whole is dedicated to continuously learning and improving our practices, procedures, and outcomes.

The board approved spending additional funds to hire more staff to assist the CBCAP State Lead Jamey Petersen in carrying out the larger vision of the strategic plan. The new position was approved and a hire was made in 2015. Hiring a new employee might seem challenging with the amount of training required, but this was not the case because the candidate hired was the MT CTF's previous AmeriCorps VISTA and temporary employee. She came to the MT CTF Program Specialist position with a wealth of institutional knowledge, and the transition was



essentially seamless. However, the Program Specialist welcomed a new baby and took maternity leave in May 2016. To meet this challenge, Petersen hired another temporary employee to help with data entry, file upkeep, contract writing, and event planning from the end of May through June 2016. The Program Specialist was able to telework after maternity leave to transition back into the office. Luckily, this challenge occurred during relatively slow months for the MT CTF.

Though the MT CTF has built capacity for itself and others, it foresees growth as one challenge. As we continue to grow, we find that we have more and more work. We are coming up with new ways to continue to expand our work in prevention while maintaining a small staff. One way we are conquering this challenge is by delegating work to other agencies that are eager to help but

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don't have the capacity or experience to initially build additional activities. Two examples are the Halloween Fund Fest and Pinwheels for Prevention activities. These activities will continue to grow with limited input of time and resources from the MT CTF staff as we move to a model of collective impact by sharing the responsibilities and burdens with partners across Montana.

Any change can be a challenge, but the MT CTF is taking bold steps to ensure that Montana is moving in the right direction for Montana Families.

Success is when you realize obstacles you face are challenges to help you become better - and your response equals the challenge.

-Stephen Covey

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11. ATTACHMENTS

COPIES OF THE FOLLOWING ATTACHED IN PDF FORMAT:

- ✓ 2015-2016 MT CTF RFR (used to renew 2013-2014 grantees in 2015-2016)
- ✓ 2015-2016 MT CTF RFP (used to fund year 1 of 3 years for the 2015-2016 grantees)
- ✓ 2015-2016 Grantee Quarterly Final Report Form
- ✓ 2016-2017 MT CTF RFP (used to fund determine funding for 2016-2017)
- ✓ 2016-2017 MT CTF RFR (used to renew 2015-2016 grantees for 2016-2017)
- ✓ MT CTF Mini-Grant Application
- ✓ 2015-2016 MT CTF Outcome DATA Reports
- ✓ Addressing Abusive Head Trauma in Montana: An evaluation of the Period of PURPLE Crying project and other Abusive Head Trauma Prevention work funded by the MT Children's Trust Fund from 2012-2015
- ✓ Primary Prevention of Child Sexual Abuse in Montana
- ✓ Trauma Informed Care Training MOU
- ✓ Montana Child Abuse and Neglect Prevention Needs Assessment Proposal